

New Jersey Long Term Radon Test Data Sheet for Projects, Large Buildings or Schools

Start test before expiration date on device or result will be invalid. All information must be provided. Test Results will not be reported if any information is missing.

Person Who **Placed** the Devices: _____ / _____
 (Name) (Company) Who **Retrieved** the Devices: _____ / _____
 (Name) (Company)

NJDEP Tester # _____
 Signature _____
 (Circle one) Owner or Certified Tester?
 Date _____

NJDEP Tester # _____
 Signature _____
 (Circle one) Owner or Certified Tester?
 Date _____

SCHOOL PERSONNEL EXEMPTION NUMBERS - Only trained school personnel with NJDEP Exemption Numbers may place or retrieve devices.

School Contact Name _____ Phone _____ **NJ School Testers: Refer to Fact Sheet for School Staff**
 Person Placing Exempt # _____ Person Retrieving Exempt # _____ **www.nj.gov/dep/rpp/radon/download/sr_fsss.pdf**

Send Written Report To:

Owner Name _____
 Address _____
 City _____ State _____ ZIP _____
 Telephone # _____ Fax # _____
 Email _____

Property Tested:

Project Number: _____
 School Code: _____
 Site Name or Owner _____
 Test Address _____
 City _____ State _____ ZIP _____
 County _____ Municipality _____

Lab Use Only	Device #	Standard, Duplicate or Blank?*	Start Date	Stop Date	Start Time AM/PM	Stop Time AM/PM	Building#	Unit #	Floor Tested	Name of Room	School Room #	Lab Use Only

Additional Building & Test Information

Building Type (Circle one) Residential - Non Residential - Day Care - Day Care in Public School - School
Structure Type (Circle all that apply) Basement - Crawlspace - Slab on Grade - Other
Test Purpose (Circle all that apply) Initial Screening - Real Estate Transaction - Post Mitigation
Normal Building Operating Conditions? (Circle one) YES or NO
Appropriate Number of Blanks and Duplicates Performed? (Circle one) YES or NO

***NJ DEP Requires 10% Duplicates and 5% Test Site Blanks**