

# Florida Long Term Radon Test Project Data Sheet

Start test before expiration date on device or result will be invalid. \*Indicates the information which must be provided to comply with FL DoH regulations. Failure to complete will delay reporting!

\*Tester Name Placing Devices : \_\_\_\_\_

\*Certified Tester # \_\_\_\_\_

\*Signature \_\_\_\_\_

\*Tester Name Retrieving Devices: \_\_\_\_\_

\*Certified Tester # \_\_\_\_\_

\*Signature \_\_\_\_\_

\*(circle one) **Owner or Certified Tester**

**Send Written Report To:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

**Property Tested:**

\*Site Name or Owner \_\_\_\_\_

\*Test Address \_\_\_\_\_

\*City \_\_\_\_\_ \*County \_\_\_\_\_ State \_\_\_\_\_ \*ZIP \_\_\_\_\_

\*Age of Building: \_\_\_\_\_ \*Year Built: \_\_\_\_\_

\* # of Stories of Bldg: \_\_\_\_\_ \*# of Stories Occupied: \_\_\_\_\_

\*# of Buildings on Property: \_\_\_\_\_ \*# of Buildings Tested: \_\_\_\_\_

Lab Use Only	Device #	*Start Date	*Stop Date	*Building#	*Unit #	*Floor Tested	*Name of Room	*Duplicate Blank or Standard	Lab Use Only

**Additional Building & Test Information**

\***Building Type #1** (circle one) Unattached Attached Residential \***Building Type #2** (Circle one) Multi Level Single Level \***Structure Type** (circle one) Basement Crawlspace Slab on Grade Pier Other

\***Test Purpose** (circle one) Initial Screening Pre Mitigation Post Mitigation Real Estate Transaction Follow Up

\***Closed House Conditions** Present at Start of Test? YES or NO Present at End of Test? YES or NO

**Indoor Conditions** (circle two) Cool (<65°F) Normal Hot (>75°F) Dry(<25 % rH) Normal Humid (>60 % rH)

\***Cooling System:** (circle one) Central AC Room AC Window Fan Attic Fan Other \***In Use:** Yes No \***Heating System** (circle one) Gas Electric Wood SpaceHeat \***In Use** Yes No

**Send Test Devices To** AccuStar Labs 2 Saber Way, Ward Hill, MA 01835 Tel: 888-480-8812  
FL RB2032 NYNELAP 11769