



NEW JERSEY SHORT TERM RADON TEST DATA SHEET

Start test before expiration date on device or result will be invalid.

Read and follow all instructions. Keep a copy of this Data Sheet for your records.

Send Report To

Property Owner Name _____

Mailing Address _____

City _____ State ____ ZIP _____

Phone # _____

Email _____

Property Tested

Site Name or
Owner Name _____

Street Address _____

City _____ State ____ ZIP _____

County _____

Name of Municipality _____

Building and Test Site Information

Building Type: (Circle One) Residential - Non Residential - Day Care - Day Care in Public School – School*

*School Code # _____ Certified School Personnel # _____ Room Name _____ Room # _____

Note: School Code # is available online at <http://www.state.nj.us/education/>. If placing more than one device in a school please call AccuStar for an NJ School Packet.

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

*Real Estate Transactions – If buyer or seller have hired an NJ DEP certified tester, neither the homeowner, buyer, nor the agent can perform any parts of the radon test, including: closing the test, picking it up, or sending it to the laboratory.

Floor Tested: (Circle One) Basement - 1st Floor - 2nd Floor **Name of Room Tested:** _____

Closed House Conditions: (Circle Two) Present at start of test? Yes - No Present at end of test? Yes - No

Weather: (Circle Two) Raining? Yes - No Windy? Yes - No

Temperature: (Check One or Record Actual) Cold (<65°F) Normal Hot (>75°F) Actual [____]

Humidity: (Check One or Record Actual) Dry (<25% rH) Normal Humid (>60% rH) Actual [____]

Device Serial # _____ **Serial #** _____ **Serial #** _____
(Standard Test) (Duplicate Device if purchased) (Test Site Blank if purchased)

DO NOT OPEN

WERE THE DEVICES PLACED SIDE BY SIDE, 4 inches apart? (Circle One) Yes - No

Date Devices Opened ____/____/____ **Start time** ____:____ **AM/PM**
(Circle One)

48 Hour Exposure
Recommended

Date Devices Closed ____/____/____ **Stop time** ____:____ **AM/PM**
(Circle One)

Person Placing the Devices: _____/_____

*(Circle either Homeowner or Professional Tester) Homeowner Signature OR Professional Tester Signature and NJ DEP Certification #

Person Retrieving the Devices: _____/_____

*(Circle either Homeowner or Professional Tester) Homeowner Signature OR Professional Tester Signature and NJ DEP Certification #

Questions or comments concerning the information required should be directed to NJ DEP 609-984-5425. (Reg. N.J.A.C. 7:28-27.33)



Street Address 2 Saber Way, Ward Hill, MA 01835 Mailing Address P. O. Box 3008, Haverhill, MA 01831

Tel: 888-480-8812

MEB# 90122 MES# 11135 LAB# MA004