

Florida Short 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	*Start Time AM/PM	*Stop Time AM/PM	*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 929 Mt. Zion Road, Lebanon, PA 17046 P. O. Box 990 Jonestown, PA 17038 Tel: 800-523-4964 Fax: 717-274-8310

FL LAB RB2125