

# New Jersey 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**

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

**Building Type** (Circle one) Residential - Non Residential - Day Care - Day Care in Public School - School

**Structure Type** (Circle one) Basement - Crawlspace - Slab on Grade - Other

**Test Purpose** (Circle all that apply) Initial Screening - Real Estate Transaction - Post Mitigation

**Closed House Conditions** (Circle two) Present at Start of Test? YES or NO Present at End of Test? YES or NO

**Weather** (circle two) Rainy? YES or NO Windy? YES or NO

**Indoor Conditions** (Circle two) Cool (<65°F) - Normal - Hot (>75°F) / Dry (<25 % rh) - Normal - Humid (>60 % rh)

**Normal Building Operating Conditions?** YES or NO

**Send Test Devices and Form To** AccuStar Labs ★ 929 Mt. Zion Rd., Lebanon, PA 17046 ★ PO Box 990, Jonestown, PA 17038  
 NJ MEB 90122 ★ NJ MES 11135 ★ NJ LAB PA955 ★ Tel: 800-523-4964 ★ Fax: 717-274-5662