

# Instructions for the Long Term Radon in Air Test

## 1. WHAT THIS PACKAGE CONTAINS

This test kit is used to test radon in air for 91 – 365 days (one year). It contains:

- These instructions
- Data Sheet(s)
- Alpha track type device(s) sealed in clear bag

**DO NOT OPEN THE SEALED BAG UNTIL YOU ARE READY TO TEST.**

- Return mailing envelope(s)

## 2. CHOOSE THE ROOM TO TEST

The US EPA recommends you test the lowest level of the house that is regularly used for 8-10 hours per week. If you are making a follow-up measurement, the US EPA recommends placing a device on each level that is used for living space in your home.

Do not test in the kitchen, laundry area, bathroom, crawl space, furnace room or closet.

**Write the location** you test on the Data Sheet in the section marked "Location".

## 5. END THE RADON TEST

After at least 91 days, **write the test Ending Date** and other required information on the Data Sheet.

## 6. RETURN THE DEVICE TO THE LABORATORY

**Make sure the Data Sheet is complete.** Write your return address on the white "Business Reply" mailing envelope. Place the Data Sheet and each device into the envelope. Seal the envelope and mail it.

## 3. START THE RADON TEST

- Check the expiration date on each device. Start your test before the expiration date or results will be invalid.**
- When you are ready to start the test**, cut or tear open the sealed bag that contains the black device. As soon as you open the bag the device is "on" and the test has begun.
- Do not remove the VOID sticker** or open the black plastic housing or results will be invalid.
- Write each Device Number and Test Address Zip Code** at the bottom of these instructions and on the Data Sheet.
- Write the test Beginning Date** in the Exposure Period section on the Data Sheet.

## 4. PLACE THE RADON DEVICE

**Hang or place each device** at least three feet away from exterior doors or windows and at least two feet off the floor. The device may be placed face up or face down. If you want to do a duplicate test, place two devices side by side, 4" apart. Leave each device in place and undisturbed for at least 91 days and up to one year.

**WRITE DEVICE NUMBERS AND TEST ZIP CODE HERE. SAVE THIS INSTRUCTION SHEET.**

*You will need this information to access your test results on our website or by telephone.*

1<sup>st</sup> Device Number: \_\_\_\_\_ 2nd Device Number: \_\_\_\_\_ Test Address Zip Code: \_\_\_\_\_  
(if purchased)

## INFORMATION ABOUT TEST REPORTS

AccuStar sends Reports via email within 2 weeks after we receive your device(s). You may access your test results on our website [www.accustarlabs.com](http://www.accustarlabs.com) or by 24-hour, toll-free telephone 888-404-3144.

If information is missing from the Data Sheet or you need to make a change to your Report, you may request an Amended Report. You must request an Amended Report and provide new or changed information in writing. No verbal information will be accepted. AccuStar will issue the Amended Report within 5 business days after we receive your request.

AccuStar can issue a Same-Day Amended Report for a fee of \$20.00 per report. To issue a Same-Day Amended Report we must receive, in writing, any changed or new test information, and payment by credit card before Noon, Eastern Time. We are open 8:30 am to 5 pm, Eastern Time, Monday-Friday.



# LONG TERM RADON TEST DATA SHEET

*Complete this data sheet. Please print clearly. Return data sheet and device(s) to the Lab.*

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

## Send Written Report To:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City / State \_\_\_\_\_ / \_\_\_\_\_

Zip \_\_\_\_\_

Email: \_\_\_\_\_  
(print clearly)

Technician Name: \_\_\_\_\_  
(if required)

Technician Signature: \_\_\_\_\_  
(if required)

## Property Tested

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City / State \_\_\_\_\_ / \_\_\_\_\_

Zip \_\_\_\_\_

County / Municipality \_\_\_\_\_ / \_\_\_\_\_

Tech. Certification # \_\_\_\_\_  
(if required)

## Required Device Information

1<sup>st</sup> Device Number \_\_\_\_\_

Location: \_\_\_\_\_ Basement \_\_\_\_\_ First Floor  
Other \_\_\_\_\_

2<sup>nd</sup> Device Number (if purchased) \_\_\_\_\_

Location: \_\_\_\_\_ Basement \_\_\_\_\_ First Floor  
Other \_\_\_\_\_

\_\_\_\_\_ Check here if devices were placed 4" apart.

## Exposure Period

Beginning Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

Ending Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

### **1<sup>st</sup> CLASS MAIL DELIVERY IS NOT GUARANTEED**

Most test kits sent to us via 1<sup>st</sup> Class Mail arrive at the Lab within 3 to 5 days. However, if you need guaranteed delivery we recommend that you send your kit using UPS, FEDEX or EXPRESS MAIL.

Call AccuStar at 888-480-8812 if you would like to purchase a discounted UPS label (*USA only*) to return your test kit.

If delivery of your kit is delayed, AccuStar Labs is not responsible for invalid results or for a free replacement kit.