

INSTRUCTIONS FOR LONG TERM RADON TESTING IN FLORIDA

These instructions must be followed correctly in order to receive valid test results.

If you have questions about these instructions, call AccuStar Labs at 888-480-8812 before you begin the test.

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

Professional testers using AccuStar Labs test kits must be certified by Florida DoH and affiliated with AccuStar prior to testing. Certified testers must perform the required monthly amount of QC tests and must report these to AccuStar each month.

1. WHAT THIS PACKAGE CONTAINS

This package is used to test radon in air for three months to one year. It contains:

- These instructions with Data Sheet attached
- Return mailer
- Black alpha track type device sealed in clear bag

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

2. CHOOSE THE ROOM TO TEST

Test the lowest level of the house that is regularly used or could be used as a living space. Do not test in the kitchen, laundry area, bathroom, crawl space, furnace room or closet.

3. START THE RADON TEST

- a. **Start test before expiration date on device or result will be invalid. WHEN YOU ARE READY TO START THE TEST**, cut or tear open the clear bag that contains the black device. As soon as you open the bag the device is “on” and the test has begun.
- b. **Write the Device Number(s)** on the Data Sheet.
- c. **Write the date** you start the test in the Start Date section on the Data Sheet.

4. PLACE THE RADON DEVICE(S)

Hang or place the device(s) at least twenty inches from the floor, three feet away from exterior doors or windows and at least four inches from other objects. Leave the device(s) in place and undisturbed for three to twelve months.

5. END THE RADON TEST

- a. After at least three months, **write the Test End Date** and other required information on the Data Sheet.
- b. Fill out the Data Sheet completely.
- c. **Write your return address** on the return mailer.

6. RETURN THE DEVICE(S) TO THE LABORATORY IMMEDIATELY

Make sure the Data Sheet is complete. Any corrections or additions to the data sheet after we receive the devices must be sent to us in writing, by fax or email. **There is a \$20.00 service charge for same day amendments.**

Keep a copy of the device number(s) for your records. Slip the data sheet and the device(s) into the mailer. Seal the mailer, affix proper postage and drop it in the mail.



Street Address 11 Awl Street, Medway, MA 02053 **Mailing Address** P. O. Box 158, Medway, MA 02053

Tel: 888-480-8812 or 508-533-8812 Fax: 508-533-8831

MEB# RB2032 MES# R2004

www.accustarlabs.com

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FLORIDA LONG TERM RADON TEST DATA SHEET

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

All information must be provided.

Read and follow all instructions.

Radon Test Site

Property or Owner Name _____

Street Address _____

City _____ State ____ ZIP _____

County _____

Owner Mailing Information

Name _____

Mailing Address _____

City _____ State ____ ZIP _____

Phone _____ Fax _____

Email _____

Building and Test Site Information

Building Type: *(Circle One)* Residential - Non Residential - Day Care Home - Day Care Center - Foster Care Home- Public School- Private School – Other (specify) _____

Structure Type: *(Circle One)* Single Level Home – Multi Level Home – Mobile Home – Townhouse – Apartment
Other(specify) _____

Foundation : *(Circle all that apply)* Basement - Crawlspace - Slab on Grade - Other _____

Test Purpose: *(Circle all that apply)* Initial Screening - Follow-Up Test - Real Estate Transaction - Post Mitigation – 5 year Retest

Floor Tested: *(Circle One)* Basement – 1st Floor – 2nd Floor – 3rd Floor **Name of Room Tested:** _____

Device Serial # _____ <small>(Standard Test)</small>	Serial # _____ <small>(Duplicate Device if purchased)</small>	Serial # _____ <small>(Test Site Blank if purchased)</small>
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DO NOT OPEN

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

Date Devices Opened ____/____/____ **Date Devices Closed** ____/____/____

Person Placing the Devices: _____/_____

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

Person Retrieving the Devices: _____/_____

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



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