



HomeAire™

Radon Test Instructions



For NJ and FL properties, please see data forms on the following pages.

Prepare the house for testing

- In order to provide a reliable result, the radon test must be performed under closed house conditions:
 - Close all exterior doors and windows, on all floors of the home, for 12 hours before the test begins. Exterior doors and windows must remain closed during the entire test period.
 - Turn off all fans that bring in outside air or vent large amounts of air from the house such as a whole-house fan. Do not operate fireplaces, wood or coal stoves unless they are the primary source of heat. Devices that re-circulate air can be used normally. Avoid blowing air directly over the test devices. Any radon mitigation systems should remain on during the test.
- Do not perform the test during unusual weather such as sustained high winds or heavy rain or under extreme indoor conditions of heat, cold, or humidity.

Select the test area

- Perform the test in the lowest lived-in level of the home.
- According to the U.S. EPA, the lowest lived-in level of the home is, for example, the basement if it is frequently used, otherwise it is the first floor.
- An area with a workshop or laundry is considered a livable area.
- Do NOT test bathrooms or kitchens or rooms obviously not intended for occupancy such as closets and crawl spaces.
- Place the test vial(s) at least three feet from exterior doors, walls and windows, two feet off the floor and four inches from other objects.
- Choose a test location where the vial(s) won't be disturbed - away from drafts, high heat and/or high humidity.
- The EPA Real Estate Simultaneous Testing Protocol requires that two test devices be placed side by side, four inches apart in the selected testing area.

Perform the test

- Remove the cap(s). Save the cap(s) for later use. Place the vial(s) in the location selected according to the instructions listed above.
- Leave the open test vial(s) undisturbed in the test location for a minimum of 48 hours. Underexposure will invalidate the test results.
- The test vial(s) may remain open for a maximum of 96 hours. Overexposure will invalidate the test results.
- When the exposure is complete, securely seal the test vial(s) by tightly replacing the cap(s).

Complete the paperwork

- Complete the entire Lab Data Form. (PLEASE PRINT LEGIBLY.) Incomplete information will delay your test results. Write the vial number(s) in the space(s) provided and keep for your records.
- The laboratory needs to know the address of property tested and the location of the test vial(s) in that property. Please note any unusual conditions in the test location, for example, if the room was cold or humid.
- In the spaces provided, print the beginning and ending dates and times of the test.

Send the test device(s) to the laboratory immediately

- Mail the vial(s) promptly with the completed Lab Data Form in the enclosed envelope. We recommend sending the test via Priority Mail to help ensure quick delivery.
- A delay in the receipt of the test by the laboratory could invalidate the results.
- The laboratory has eight days in which to receive the test device to provide an accurate test result.
- A written report will be sent to the e-mail/mail address indicated on the Lab Data Form.
- A detailed lab report will indicate whether to consider radon remediation.

NOTE: These instructions cannot anticipate or address every condition that may arise when performing a radon test. Some states have specific regulations regarding radon testing. If you have questions about your state's requirements please contact your State Radon Office.

If you have any questions or problems during or after your radon test, please email radon-test@homeaire.com.

New Jersey Short Term Radon Test Data Sheet

All information must be provided. Test Results will not be reported if any information is missing.

Read and follow all instructions on reverse. Keep a copy for your records.

Person **Placing** the Device(s): _____ / _____
(Name) (Company Name)

NJDEP Certified Tester # _____

Signature _____
(Circle One) Homeowner or Certified Tester?

Date _____

Person **Retrieving** the Device(s): _____ / _____
(Name) (Company Name)

NJDEP Certified Tester # _____

Signature _____
(Circle One) Homeowner or Certified Tester?

Date _____

Send Report To

Name _____

Company Name _____

Mailing Address _____

City _____ State ____ ZIP _____

Phone # _____ Fax # _____

Email _____

Property Tested

Site Name or

Owner Name _____

Street Address _____

City _____ State ____ ZIP _____

County _____

Name of Municipality _____

Additional Building and Test Information

Building Type Residential - Non Residential - Day Care - Day Care in Public School - School (see below)
(Circle One)

If placing more than one device in a school, please call AccuStar Labs for a NJ School Packet and Project Data Sheet.

School Code # _____ Certified School Personnel # _____

School Room Name _____ Room # _____

Note: Radon tests performed in schools must include that school's name, code number and detector location info.

Code Example: 010010060. Testers can find a list of School Codes online at <http://www.state.nj.us/education/>

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

Test Purpose Initial Screening - Real Estate Transaction - Post Mitigation - Duplicate - Blank
(Circle All That Apply)

NJ Certified Testers: 10% of all the tests you perform each month must include duplicates and 5% must include test site blanks.

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

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

Indoor Conditions Cool (<65° F) - Normal - Hot (>75° F) **Weather** **Raining?** Yes - No
(Circle Two) Dry (<25% rh) - Normal - Humid (>60% rh) (Circle Two) **Windy?** Yes - No

DEVICE SERIAL NUMBER(S) _____
Standard Test Duplicate Test Test Site Blank Test

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

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

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



Street Address 11 Awl Street, Medway, MA 02053 Mailing Address P. O. Box 158 Medway, MA 02053 Tel: 888-480-8812 Fax: 508-533-8831
MEB# 90122 MES# 11135 LAB# MA004



Bureau of Facility Programs
Radon and Indoor Air Quality



Mandatory Measurements
RESIDENTIAL RADON MEASUREMENT REPORT
FOR BUILDINGS BUILT AS AND USED AS A HOME OR APARTMENT

Page ___ of ___

SECTION 1: FACILITY AND OWNER INFORMATION

Facility Information:

Owner Information:

Name of Facility (as licensed or registered)

Name of Owner

Physical location (Street Address) of Facility Site

Street Address

City County Zip

City State Zip

Name of Contact Person

() _____
Phone Number

Title () _____
Phone Number

Facility type as licensed or registered (check all that apply):

- Assisted Living Facility (previously ACLF)
- Alcohol, Drug Abuse or Mental Health
- Developmentally Disabled (Ex: ICFDD Cluster, Small Group Homes)
- Delinquency Program (Ex: Halfway Houses, Non-secure Detention Homes)
- Foster Care - 24 hour Family (for children)
- Foster Care - Adult
- Family Day Care Home
- OTHER (specify) _____

SECTION 2: BUILDING INFORMATION

Check All That Apply

Building Name or ID Number (If Applicable) Street Address of Building (If Different from Facility Site)

Buildings per address ____, Building No. ____ of ____ requiring testing

____ No. of Stories, ____ No. of Stories Occupied, ____ Age of Building in Years

Number of measurements required in this building during this testing period: ____ initial short term, ____ follow-up

Cummulative number of measurements reported for this testing period: ____ initial short term, ____ follow-up

Upon completion of this form, send to :
Department of Health
Bureau of Facility Programs / Radon and Indoor Air Quality
4052 Bald Cypress Way, Bin #A08
Tallahassee, FL 32399-1710

For Assistance in Completing this Form Call 1-800-543-8279

| | | |
|--------------------------|------------------------|-----------------------|
| Date Received | Reviewed By | Entered By |
|--------------------------|------------------------|-----------------------|

SECTION 2: BUILDING INFORMATION CONTINUED

Type of Building:

Unattached:

- Mobile Home,
- Single Level,
- Multi Level

Attached:

- Row House (Town House, Side by Side living units)
- Single Level,
- Multi Level
- Apartment (Condominium, over/under living units)
- Other (specify): _____

Cooling System:

- Central A/C,
- Room A/C,
- Window Fans,
- Attic Fan (Whole House Fan),
- Other (specify): _____

_____ In Use During Measurement(Y/N)?

Heating System:

Central (ducted) Heat:

- Combustion(gas, oil, etc.)
- Non-Combustion(electric)

Space Heat:

- Combustion(gas, oil, etc.)
 - Nonvented(room kerosene)
 - Vented(woodstove, etc.),
 - Fireplace
- Non-Combustion(electric, Radiant)
- Other (specify): _____

_____ In Use During Measurement(Y/N)?

Foundation/Floor System:

- Slab
- Crawlspace
- Pier
- Basement
- Other(specify) _____

SECTION 3: RESULTS

Measurement type: Initial short term, Short term follow-up, Long term follow-up

Dates of Measurement: FROM / / TO / /

Name of Person who performed Measurement (Placed Device)

Certificate No. (If Applicable)

| <u>Story</u> | <u>Room</u> | <u>Result</u> | <u>Units</u> † | <u>Device</u> ‡ | <u>Time in Hours</u> |
|--------------|-------------|---------------|----------------|-----------------|----------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

† P for pCi/L or W for WL

‡ AC-Activated Carbon Adsorption, AT-Alpha Track, CR-Continuous Radon Monitor, CW-Continuous Working Level Monitor, EL-Electret Ion Chamber Long Term, ES-Electret Ion Chamber Short Term, LS-Liquid Scintillation, RP-RPISU, UT-Unfiltered Alpha Track

SECTION 4

COMPLETE ONLY IF MEASUREMENTS ARE PERFORMED BY A RADON MEASUREMENT BUSINESS

Name of Business and Cert. No.

Name of Specialist and Cert. No.

Signature of Specialist

SECTION 5

I hereby certify that the Radon measurements reported herein have been performed in accordance with Chapter 64E-5, Florida Administrative Code, and Chapter 404, Florida Statutes.

Authorized Representative of Facility

Date