



Bureau of Environmental Health  
Radon Program



Monthly Report  
for Certified Radon Businesses

NONRESIDENTIAL (I.E. STORES, OFFICES) MEASUREMENT REPORT

Month of \_\_\_\_\_, 20\_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

Name of Business and Cert. No. \_\_\_\_\_

Name of Specialist and Cert. No. \_\_\_\_\_

Specialist's Initials \_\_\_\_\_

**BUILDING INFORMATION**

Buildings per address \_\_\_\_\_

Building No. \_\_\_\_\_ of \_\_\_\_\_ measured

Street Address of Building (physical location) \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Zip \_\_\_\_\_

Measurement Type: Real estate:  Simultaneous,  Sequential,  Continuous Monitor

Other:  Initial short term,  Short term follow-up,  Long term follow-up  
 Pre-mitigation,  Post-mitigation,  Special (specify): \_\_\_\_\_

**Check All That Apply**

**Foundation/Floor Type**

- Slab
- Crawlspace
- Basement
- Bare Earth Cellar
- Pier/Pillar
- Other (specify): \_\_\_\_\_

\_\_\_\_ No. of Stories

\_\_\_\_ No. of Stories Occupied

**HVAC System**

- HVAC:
- Single Zone
  - Multiple Zones
  - Multi-Story Zones
- Non-ventilating HAC:
- Central Ducted A/C
  - Central Ducted Heat
  - Space Heat

- Other:
- Window/Wall Unit
  - No A/C
  - No Heat
  - Other (specify): \_\_\_\_\_

**Building Features**

- Elevator(s)
- Internal Stairwells
- Mechanical Chases
- Suspended Ceilings
- Exhaust Fans

\_\_\_\_ Age of Building  
(in Years – or Year Built)

Upon completion of this form, send to:  
**Department of Health**  
**Bureau of Environmental Health / Radon Program**  
**4052 Bald Cypress Way, Bin #A12**  
**Tallahassee, FL 32399-1720**

You may scan the report and email it to RadonReports@FLhealth.gov

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