

Bureau of Environmental Health Radon Program

Monthly Report for Certified Radon Businesses RESIDENTIAL MEASUREMENT REPORT



Month of, 20	Page of
Name of Measurement Business & Certificate No.	Name of Measurement Specialist & Cert. No Spec. Init.
BUILD	ING INFORMATION
Buildings per address, Building No	of measured
Street Address of Building (physical location – mailing address	s) City County Zip
- " -	ck All That Apply
Type of Building: Unattached: Attached:	Foundation/Floor System:No. of Stories,
☐ Mobile Home, ☐ Row House (Town House, ☐ Single Level, Duplex, Side by Side living units) ☐ Multi Level ☐ Single Level,	☐ CrawlspaceNo. of Stories ☐ Pier occupied ☐ Basement
☐ Multi Level ☐ Multi Level ☐ Apartment (Condominium, over/under living units) ☐ Other (specify):	Other (specify): ——Year built
	RESULTS
Name of Certified Person who performed Measurement (Place	ed Device) Certificate No.
Dates of Measurement: FROM/_/	_ TO/ Time In Hours::
Measurement Type: Real estate: Simultaneou Initial short to Pre-mitigation	term, Short term follow-up, Long term follow-up
Story Apt/Room Result [†] Device [‡]	Story Apt/Room Result [†] Device [‡]

†in pCi/L or WL (P or W); ‡AC-Activated Carbon Adsorption, AT-Alpha Track, CR-Continuous Radon Monitor, CW-Continuous Working Level Monitor, ES-Electret Ion Chamber-Short Term, EL-Electret Ion Chamber-Long Term, LS - Liquid Scintillation

	DITIONAL BUILDING INFO	RMATION Pag	je of
Buildings per address	_, Building No of	_ measured	
Street Address of Building (physic	,	City I That Apply	County Zip
☐ Mobile Home, ☐ Single Level, ☐ Multi Level ☐	ached: Row House (Town House, Duplex, Side by Side living units) Single Level, Multi Level Apartment (Condominium, over/under living units) Other (specify):	Foundation/Floor Systems Slab Crawlspace Pier Basement Other (specify):	No. of Stories No. of Stories occupied Year built
	RES	<u>SULTS</u>	
Name of Person who performed N	Measurement (Placed Device)	Certificate No.	
· ·	,		
Dates of Measurement:	FROM/ TC		Γime In Hours::
		☐ Sequential, ☐ Short term follow-up, ☐ Post-mitigation,	Time In Hours:: ☐ Continuous Monitor ☐ Long term follow-up ☐ Special (Other):
Measurement Type: Rea	Il estate: Simultaneous,	☐ Sequential, ☐ Short term follow-up,	Continuous Monitor Long term follow-up Special (Other):
Measurement Type: Rea	Il estate: Simultaneous, Initial short term, Pre-mitigation,	☐ Sequential, ☐ Short term follow-up, ☐ Post-mitigation,	Continuous Monitor Long term follow-up Special (Other):
Measurement Type: Rea	Il estate: Simultaneous, Initial short term, Pre-mitigation,	☐ Sequential, ☐ Short term follow-up, ☐ Post-mitigation,	Continuous Monitor Long term follow-up Special (Other):

Upon completion of this form, send to:

Department of Health Bureau of Environmental Health / Radon Program 4052 Bald Cypress Way, Bin #A08 Tallahassee, FL 32399-1720

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