Bureau of Environmental Health
Radon Program

Monthly Report for Certified Radon Businesses

NONRESIDENTIAL 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

_____ 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 #A08
Tallahassee, FL 32399-1720

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

RESULTS

Dates of Measurement: FROM ___/___/___ TO ___/___/___

Name of Certified Person who performed Measurement _____ Certificate No. _____

Story	Room	Result†	Device‡	Time in Hours
				:
				:
				:
				:
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				:
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				:
				:

Dates of Measurement: FROM ___/___/___ TO ___/___/___

Name of Certified Person who performed Measurement _____ Certificate No. _____

Story	Room	Result†	Device‡	Time in Hours
				:
				:
				:
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†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