Bureau of Environmental Health
Radon Program

# MONTHLY RADON MEASUREMENT REPORT

## Supplemental Page

**(To be used with DH 1750 or DH 1833)**

Page ___ of ___

**RESULTS (CONTINUED)**

Street Address of Building (physical location) _____ City _____ County _____ Zip _____

Buildings per address _____ Building No. ___ of ___ measured

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

Name of Person who performed Measurement _____ Certificate No. _____

| Story | Address/Apt/Room** | Result † | Device ‡ | Time in Hours |
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Name of Person who performed Measurement _____ Certificate No. _____

| Story | Address/Apt/Room** | Result † | Device ‡ | Time in Hours |
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** For multi-family dwellings where street address changes for each dwelling unit include complete street address with room, otherwise just apartment number and room; †in units of 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

## RESULTS (CONTINUED)

Name of Person who performed Measurement _____ Certificate No. _____

| Story | Address/Apt/Room** | Result † | Device ‡ | Time in Hours |
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Name of Person who performed Measurement _____ Certificate No. _____

| Story | Address/Apt/Room** | Result † | Device ‡ | Time in Hours |
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