



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	Apt/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

RESULTS (CONTINUED)

Name of Person who performed Measurement

Certificate No.

<u>Story</u>	<u>Apt/Room</u>	<u>Result</u> [†]	<u>Device</u> [‡]	<u>Time in Hours</u>
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
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_____	_____	_____	_____	_____ : _____
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_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____

Name of Person who performed Measurement

Certificate No.

<u>Story</u>	<u>Apt/Room</u>	<u>Result</u> [†]	<u>Device</u> [‡]	<u>Time in Hours</u>
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
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_____	_____	_____	_____	_____ : _____
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_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
_____	_____	_____	_____	_____ : _____
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