

Bureau of Environmental Health
Radon Program



**NOTICE OF IN PROGRESS RADON
MITIGATION SYSTEM INSTALLATION**

Purpose: This reporting form is used to meet the reporting requirements of 64E-5.1203(d)(2), FAC. Only use this report for mitigations you have started in the previous month, but have not yet completed or do not plan to complete within the current month. You are required to submit reports on these and all mitigations by the 15th of the month following completion on Form DH 1753, Monthly Report for Certified Radon Mitigation Businesses.

Name of Mitigation Business and Cert. No.: _____

Month of _____, 20____; Page ____ of ____

Street Address of Building (physical location) City County Zip

Anticipated completion date

Classification of Building: Single Family Residence; Multiple Family Residence; School;
 Child Care Center; 24 Hour Care Facility; Nonresidential (specify): _____

Street Address of Building (physical location) City County Zip

Anticipated completion date

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 Child Care Center; 24 Hour Care Facility; Nonresidential (specify): _____

Street Address of Building (physical location) City County Zip

Anticipated completion date

Classification of Building: Single Family Residence; Multiple Family Residence; School;
 Child Care Center; 24 Hour Care Facility; Nonresidential (specify): _____

Upon completion, submit this form by mail or email.

by mail to:
Department of Health
Bureau of Environmental Health / Radon Program
4052 Bald Cypress Way, Bin #A08
Tallahassee, FL 32399 – 1720

by email to:
radonreports@flhealth.gov

For assistance with this form call 850-245-4288 or see <http://radon.floridahealth.gov>

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City

County

Zip

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