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
				:
				:
				:
				:
				:
				:
				:
				:
				:
				:

Name of Person who performed Measurement _____ Certificate No. _____

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

** 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
				:
				:
				:
				:
				:
				:
				:
				:
				:
				:
				:
				:
				:
				:
				:

Name of Person who performed Measurement _____ Certificate No. _____

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

**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