



Bureau of Environmental Health
 Radon Program
Monthly Report
for Certified Radon Businesses
RADON MITIGATION REPORT



Month of _____, 20____

Page ___ of ___

 Name of Mitigation Business and Cert. No.

 Name of Specialist and Cert. No.

 Specialist's Initials

SECTION 1

 Date mitigation Completed

Buildings per address _____ Building No. _____ of _____ mitigated

 Street Address of Building (physical location)

_____ City _____ County _____ Zip

Classification of Building:

Single Family Residence **Complete Sections 2,4,5**
 Multiple Family Residence

School **Complete Sections 3,4,5**
 Child Care Center
 24 Hour Care Facility
 Nonresidential (specify): _____

SECTION 2

Check All That Apply

Type of Building:

Unattached:

- Mobile Home,
- Single Level,
- Multi Level

Attached:

- Row HOUSE (Town House,
Duplex, Side by Side living units)
- Single Level,
- Multi Level
- Apartment (Condominium,
over/under living units)

Other (specify): _____

_____ No. of Stories,

_____ Age of Building
 in Years

SECTION 3
Check All That Apply

Foundation/Floor Type

- Slab
- Crawlspace
- Basement
- Bare Earth Cellar
- Pier/Pillar
- Other (specify): _____

SECTION 4

PRE-MITIGATION TEST:

POST-MITIGATION TEST:

Business That Performed Measurement

Name and Cert. No.

Name and Cert. No.

Person That Performed Measurement

Name and Cert. No.

Name and Cert. No.

Story	Apt/Room
_____	_____
_____	_____
_____	_____
_____	_____

From	To	Result [†]	Device [‡]	Total Hrs
___/___/___	___/___/___	_____	_____	_____:
_____	_____	_____	_____	_____:
_____	_____	_____	_____	_____:
_____	_____	_____	_____	_____:
_____	_____	_____	_____	_____:

From	To	Result [†]	Device [‡]	Total Hrs
___/___/___	___/___/___	_____	_____	_____:
_____	_____	_____	_____	_____:
_____	_____	_____	_____	_____:
_____	_____	_____	_____	_____:
_____	_____	_____	_____	_____:

[†]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

SECTION 5
Check All That Apply

TYPE OF MITIGATION SYSTEM INSTALLED

- | | |
|---|---|
| <input type="checkbox"/> Sub Slab Depressurization | <input type="checkbox"/> Block Wall Depressurization |
| <input type="checkbox"/> Mechanical Ventilation | <input type="checkbox"/> Mechanical Heat Recovery Ventilation |
| <input type="checkbox"/> Crawl Space Depressurization | <input type="checkbox"/> Crawl Space Ventilation |
| <input type="checkbox"/> Sealing Slab Cracks and Openings | |
| <input type="checkbox"/> Other (Specify) _____ | |

Describe Special Features _____

Upon completion of this form, send to:
Department of Health
Bureau of Environmental Health / Radon Program
4052 Bald Cypress Way, Bin #A12
Tallahassee, FL 32399-1720

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

For Official Use Only:

Date Received	Reviewed By	Entered By
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