

Bureau of Environmental Health Radon Program



Monthly Report for Certified Radon Businesses

NONRESIDENTIAL MEASUREMENT REPORT

Month of	, 20	_		Pageof	
Name of Business and Cert. No.			Name of Specialist and Cert. No.	Specialist'	s Initials
		BUILDING IN	FORMATION		
Buildings per address		Building No	of measu	ired	
Street Address of Building (physical location)			City	County	Zip
Measurement Type:	Real estate:	☐ Simultaneous,	☐ Sequential,	☐ Continuous Monitor	
	Other:	☐ Initial short term, ☐ Pre-mitigation,	☐ Short term follow-up, ☐ Post-mitigation,	☐ Long term follow-up☐ Special (specify):	
		Check All	That Apply		
Foundation/Floor Typ Slab Crawlspace Basement Bare Earth Cellar Pier/Pillar Other (specify):	<u>oe</u>	No. of Stor	ries ries Occupied	Age of Build (in Years – or Year	ing Built)
		Upon completion of	f this form, send to:		
	Burea	4052 Bald Cypres	l Health / Radon Progra	am	
	You may scan	the report and email	it to RadonReports@F	Lhealth.gov	

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f Certified Person	who performed Measurement		Certificate No.	
Story	Room	<u>Result[†]</u>	<u>Device[‡]</u>	Time in Hours
				<u>:</u>
				:
				<u>:</u>
				<u> </u>
				<u> </u>
of Magazira	mont FDOM			<u>:</u> :
f Certified Person	who performed Measurement	TO/	Certificate No.	<u>:</u> :
Certified Person		TO _ / /	Certificate No. Device [‡]	: : : Time in Hours
	who performed Measurement			: : Time in Hours
ertified Person	who performed Measurement			
ertified Person	who performed Measurement			
Certified Person	who performed Measurement			
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Certified Person	who performed Measurement			
ertified Person	who performed Measurement			
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tified Person	who performed Measurement			Time in Hours : :: :: :: :: :: :: :: :: :: :: :: ::

[†]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