



Bureau of Environmental Health
 Radon Program
**Monthly Report for
 Certified Radon Mitigation Businesses**



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
- Child Care Center
- 24 Hour Care Facility **Complete Sections 3,4,5**
- 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):
- _____

Foundation/Floor Type

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

_____ No. of Stories,

_____ Year Built

SECTION 3

Check All That Apply

Foundation/Floor Type

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

Building Features

- Elevator(s)
- Internal Stairwells
- Mechanical Chases
- Suspended Ceilings

_____ No. of Stories,

_____ Year Built

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

- Sub Slab Depressurization
- Mechanical Ventilation
- Crawl Space Depressurization
- Sealing Slab Cracks and Openings
- Other (Specify) _____
- Block Wall Depressurization
- Mechanical Heat Recovery Ventilation
- Crawl Space Ventilation
- Activation of Passive or RRNC System

Describe Special Features _____

Upon completion of this form, send to:
Department of Health
Bureau of Environmental Health / Radon Program
4052 Bald Cypress Way, Bin #A08
Tallahassee, FL 32399-1720

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