



Bureau of Environmental Health  
 Radon Program  
**Mandatory Measurements**  
**NONRESIDENTIAL RADON MEASUREMENT REPORT**  
FOR BUILDINGS OTHER THAN SINGLE OR MULTI FAMILY DWELLING



**SECTION 1: FACILITY AND OWNER INFORMATION**

Facility Information:

Owner Information:

Facility Name (as licensed, registered, or listed with state)

Name of Owner

Physical location (Street Address) of Facility Site

Street Address

City County Zip

City State Zip

Name of Contact Person

( )  
Phone Number

Title ( )  
Phone Number

Facility type as licensed or registered (Submit individual facilities separate. I.E. A Day Care and School at the same place):

- |  |   |
|--|---|
| <input type="checkbox"/> Assisted Living Facility (previously ACLF)              | <input type="checkbox"/> Hospitals (Acute Care, Physical Rehab., Psychiatric, or Intensive Residential Treatment) |
| <input type="checkbox"/> Alcohol, Drug Abuse or Mental Health                    | <input type="checkbox"/> Nursing Home/Skilled Nursing Facility  |
| <input type="checkbox"/> Correctional Facility or Jail                           | <input type="checkbox"/> <b>Public School</b> (K-12)  |
| <input type="checkbox"/> <b>Day Care</b> Center (pre kindergarden)               | <input type="checkbox"/> <b>Private School</b> (K-12)   |
| <input type="checkbox"/> Delinquency Program (Ex: Start Center, Training School) |   |
| <input type="checkbox"/> OTHER (specify) _____                                   |   |

**SECTION 2: BUILDING INFORMATION**

Building Name or ID Number (If Applicable)

Street Address of Building (If Different From Facility Site)

Buildings per address \_\_\_; Building No. \_\_\_ of \_\_\_ requiring testing.

Number of measurements required in this building during this testing period: \_\_\_ initial or 5 year retest, \_\_\_ follow-up

Cumulative number of measurements reported for this testing period: \_\_\_ initial or 5 year retest, \_\_\_ follow-up

\_\_\_ No. of Stories, \_\_\_ No. of Stories Occupied, \_\_\_ Age of Building in Years (or year built)

CHECK ALL THAT APPLY

Foundation/Floor

System:

- Slab
- Crawlspace
- Pier

- Floored Basement
- Bare Earth  
Basement
- Other (specify) \_\_\_\_\_

Year Built \_\_\_\_\_  
 No. of Stories \_\_\_\_\_  
 No. Stories occupied \_\_\_\_\_

**SECTION 3: RESULTS**

Measurement Type:  Initial or 5 Year Retest,  Follow-up

Dates of Measurement: FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_

Name of Person who performed Measurement (Placed Device)				Certificate No. (If Applicable)	
<u>Story</u>	<u>Room</u>	<u>Result</u>	<u>Units<sup>†</sup></u>	<u>Device<sup>‡</sup></u>	<u>Time in Hours</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

† P for pCi/L or W for WL

‡ AC-Activated Carbon Adsorption, AT-Alpha Track, CR-Continuous Radon Monitor, CW-Continuous Working Level Monitor, EL-Electret Ion Chamber Long Term, ES-Electret Ion Chamber Short Term, LS-Liquid Scintillation, RP-RPISU, UT-Unfiltered Alpha Track

**SECTION 4**

**COMPLETE ONLY IF MEASUREMENTS ARE PERFORMED BY A RADON MEASUREMENT BUSINESS**

\_\_\_\_\_  
Name of Business and Cert. No.

\_\_\_\_\_  
Name of Specialist and Cert. No.

\_\_\_\_\_  
Signature of Specialist

**SECTION 5**

**COMPLETE ONLY IF MEASUREMENTS ARE PERFORMED BY STAFF EMPLOYED BY THE FACILITY**

I hereby certify that the Radon measurements reported herein have been performed in accordance with Chapter 64E-5, Florida Administrative Code, and Chapter 404, Florida Statutes.

\_\_\_\_\_  
Authorized Representative of Facility

\_\_\_\_\_  
Date

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  
 For assistance in completing this form call 1-800-543-8279