



PROFESSIONAL RADON DATA CARD

In order to analyze test, all information must be filled out completely.

Name of Deployer/ Certification # _____ Phone (____) _____

Client Street Address _____

City _____ State _____ Zip _____

Email Address to receive results _____

Name of Retriever / Certification # _____

TEST INFORMATION

Date of Sample: ____/____/____

Property Name _____

Tested Address _____

Municipality _____ County _____

City _____ State _____ Zip _____

Real Estate Transaction Yes No

Radon Vial Serial No.'s (A) _____ (B) _____

Room Level: Basement 1st Floor 2nd Floor Other

Room Used For: Living Room Bedroom Other

(Begin) Cap Removed: Date ____/____/____ Time _____ AM/PM (Exact Time)

(End) Cap Re-Installed: Date ____/____/____ Time _____ AM/PM (Exact Time)

Closed house conditions were maintained during the Test: Yes No