



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
RADON PROGRAM
SCHOOL RADON TESTING REPORT FORM

Nov. 2005

The following form must be submitted to the Connecticut Department of Public Health Radon Program within five (5) working days of providing a final written report of radon measurement activities to school personnel.

Submit the original, signed copy of this form to the Radon Program at the address listed below:

Attn: School Radon Testing Program
CT Department of Public Health Radon Program
410 Capitol Avenue, MS #51 RAD
Hartford, CT 06134-0308

Name of School: _____

Address:

(Street, town, zip code)

Dates of Testing: _____

NEHA/NRSB Tester:

(or qualified school personnel)

NEHA/NRSB Certification #: _____

Please provide the following summary information:

Total # of Rooms Tested: _____

Total # of Rooms Requiring Re-Testing:

Total # of Rooms Where Average Results Were At or Above 4.0 pCi/L:

Radon measurement activities were carried out in accordance with United States Environmental Protection Agency protocols and the Connecticut Department of Public Health Radon Program's *School Radon Testing Guidance* at the location described above.

Signature of Radon Measurement Professional
(or designated school authority)

Date



Phone: (860) 509-7367
Telephone Device for the Deaf (860) 509-7191
450 Capitol Avenue - MS # 51RAD
P.O. Box 340308 Hartford, CT 06134
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