



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH  
RADON PROGRAM

## INITIAL SCHOOL RADON MEASUREMENT REPORT FORM

\*Please use the *Re-Evaluation Report Form* when performing 5-year re-evaluations.

May 2017

The following form must be submitted to the Connecticut Department of Public Health Radon Program within ten (10) business days of providing a final written report of radon measurement activities to school personnel. **Do not send test results or other documents.** Submit this signed form by **mail, fax OR email (preferred)** to the Radon Program at:

CT Department of Public Health Radon Program  
410 Capitol Avenue, MS #12 RAD  
Hartford, CT 06134-0308  
Fax: 860-509-7295  
Email: [DPH.RadonReports@ct.gov](mailto:DPH.RadonReports@ct.gov)

**Name of School:**

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**Address:**

(Street, town, zip code)

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**Testing Company:**

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**Measurement Professional:**

**NRPP/NRSB Certification #:**

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*Please provide the following summary information:*

**Dates of Testing:**

(deployment & retrieval dates. Include confirmatory testing dates if necessary)

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**Total # of Rooms Tested**

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**Total # of Rooms Requiring Re-Testing:**

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**Total # of Rooms Where Average Results Were at or above 4.0 pCi/L:**

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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 Measurement Professional

\_\_\_\_\_  
Signature of School Designee

\_\_\_\_\_  
Date



Phone: (860) 509-7299  
Telephone Device for the Deaf (860)  
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