



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH  
RADON PROGRAM

## SCHOOL RADON RE-EVALUATION REPORT FORM

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 only one signed form by **mail, fax OR email (preferred)** to the Radon Program at:

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

**Name of School:**

\_\_\_\_\_

**Address:**

(Street, town, zip code)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Measurement Company:**

\_\_\_\_\_

*Please provide the following summary information:*

**Testing Dates:**

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

\_\_\_\_\_

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

\_\_\_\_\_  
Measurement Professional / NRPP/NRSB #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Designee / Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Phone: (860) 509-7299  
Telephone Device for the Deaf (860) 509-7191  
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