



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH  
RADON PROGRAM

## INITIAL SCHOOL RADON MEASUREMENT REPORT FORM

\*Please use the *Re-Evaluation Report Form* for 3-year re-evaluations.

July 2023



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 **email** to the Radon Program at:

[DPH.RadonReports@ct.gov](mailto:DPH.RadonReports@ct.gov)

**Name of School:**

\_\_\_\_\_

**Address:**

(Street, town, zip code)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Measurement Company:**

\_\_\_\_\_

**Measurement Professional:**

**NRPP/NRSB Certification #:**

\_\_\_\_\_

\_\_\_\_\_

*Please provide the following summary information:*

**Dates of Testing:**

(deployment/retrieval dates. 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 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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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