



**STATE OF CONNECTICUT**  
 DEPARTMENT OF PUBLIC HEALTH  
 RADON PROGRAM  
**SCHOOL RADON MITIGATION REPORT FORM**



The radon mitigation contractor must complete the following form for the school representative within two weeks of completing radon mitigation activities in a school. The school shall submit the signed form by **email** to the Radon Program at: [DPH.RadonReports@ct.gov](mailto:DPH.RadonReports@ct.gov)

**Name of School:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 (Street, town/city, state, zip code)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date Mitigation Completed:** \_\_\_\_\_

**Mitigation Contractor:** \_\_\_\_\_

**NRPP/NRSB Certification #:** \_\_\_\_\_

**CT DCP HIC Registration #:** \_\_\_\_\_

| Test Location | Pre-Mitigation Rn Level | Post-Mitigation Rn Level |
|---------------|-------------------------|--------------------------|
|               |                         |                          |
|               |                         |                          |
|               |                         |                          |
|               |                         |                          |
|               |                         |                          |
|               |                         |                          |

**Number of Sub-Slab Depressurization suction points needed:** \_\_\_\_\_

\_\_\_\_\_  
 Signature of Radon Mitigation Contractor

\_\_\_\_\_  
 Signature of Designated School Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date



*Phone: (860) 509-7300  
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