



**STATE OF CONNECTICUT**  
 DEPARTMENT OF PUBLIC HEALTH  
 RADON PROGRAM  
 SCHOOL RADON **RE-EVALUATION** REPORT FORM



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:** \_\_\_\_\_

*Please provide the following summary information:*

**Dates of Testing:**

(Deployment/retrieval dates. Include confirmatory testing dates, if applicable.)

\_\_\_\_\_

**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



*Phone: (860) 509-7300  
 Telephone Device for the Deaf (860) 509-7191  
 410 Capitol Avenue - MS # 12-RAD  
 P.O. Box 340308, Hartford, CT 06134  
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