



# HomeAire™

## Radon Test Instructions



For NJ and FL properties, please see data forms on the following pages.

### Prepare the house for testing

- In order to provide a reliable result, the radon test must be performed under closed house conditions:
  - Close all exterior doors and windows, on all floors of the home, for 12 hours before the test begins. Exterior doors and windows must remain closed during the entire test period.
  - Turn off all fans that bring in outside air or vent large amounts of air from the house such as a whole-house fan. Do not operate fireplaces, wood or coal stoves unless they are the primary source of heat. Devices that re-circulate air can be used normally. Avoid blowing air directly over the test devices. Any radon mitigation systems should remain on during the test.
- Do not perform the test during unusual weather such as sustained high winds or heavy rain or under extreme indoor conditions of heat, cold, or humidity.

### Select the test area

- Perform the test in the lowest lived-in level of the home.
- According to the U.S. EPA, the lowest lived-in level of the home is, for example, the basement if it is frequently used, otherwise it is the first floor.
- An area with a workshop or laundry is considered a livable area.
- Do NOT test bathrooms or kitchens or rooms obviously not intended for occupancy such as closets and crawl spaces.
- Place the test vial(s) at least three feet from exterior doors, walls and windows, two feet off the floor and four inches from other objects.
- Choose a test location where the vial(s) won't be disturbed - away from drafts, high heat and/or high humidity.
- The EPA Real Estate Simultaneous Testing Protocol requires that two test devices be placed side by side, four inches apart in the selected testing area.

### Perform the test

- Remove the cap(s). Save the cap(s) for later use. Place the vial(s) in the location selected according to the instructions listed above.
- Leave the open test vial(s) undisturbed in the test location for a minimum of 48 hours. Underexposure will invalidate the test results.
- The test vial(s) may remain open for a maximum of 96 hours. Overexposure will invalidate the test results.
- When the exposure is complete, securely seal the test vial(s) by tightly replacing the cap(s).

### Complete the paperwork

- Complete the entire Lab Data Form. (PLEASE PRINT LEGIBLY.) Incomplete information will delay your test results. Write the vial number(s) in the space(s) provided and keep for your records.
- The laboratory needs to know the address of property tested and the location of the test vial(s) in that property. Please note any unusual conditions in the test location, for example, if the room was cold or humid.
- In the spaces provided, print the beginning and ending dates and times of the test.

### Send the test device(s) to the laboratory immediately

- Mail the vial(s) promptly with the completed Lab Data Form in the enclosed envelope. We recommend sending the test via Priority Mail to help ensure quick delivery.
- A delay in the receipt of the test by the laboratory could invalidate the results.
- The laboratory has eight days in which to receive the test device to provide an accurate test result.
- A written report will be sent to the e-mail/mail address indicated on the Lab Data Form.
- A detailed lab report will indicate whether to consider radon remediation.

NOTE: These instructions cannot anticipate or address every condition that may arise when performing a radon test. Some states have specific regulations regarding radon testing. If you have questions about your state's requirements please contact your State Radon Office.

If you have any questions or problems during or after your radon test, please email [radon-test@homeaire.com](mailto:radon-test@homeaire.com).

# New Jersey Short Term Radon Test Data Sheet

***All information must be provided. Test Results will not be reported if any information is missing.***

Read and follow all instructions on reverse. Keep a copy for your records.

Person **Placing** the Device(s): \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Company Name)

NJDEP Certified Tester # \_\_\_\_\_

Signature \_\_\_\_\_  
(Circle One) Homeowner or Certified Tester?

Date \_\_\_\_\_

Person **Retrieving** the Device(s): \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Company Name)

NJDEP Certified Tester # \_\_\_\_\_

Signature \_\_\_\_\_  
(Circle One) Homeowner or Certified Tester?

Date \_\_\_\_\_

## **Send Report To**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

## **Property Tested**

Site Name or

Owner Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_

Name of Municipality \_\_\_\_\_

## **Additional Building and Test Information**

**Building Type** Residential - Non Residential - Day Care - Day Care in Public School - School (see below)  
(Circle One)

*If placing more than one device in a school, please call AccuStar Labs for a NJ School Packet and Project Data Sheet.*

School Code # \_\_\_\_\_ Certified School Personnel # \_\_\_\_\_

School Room Name \_\_\_\_\_ Room # \_\_\_\_\_

*Note: Radon tests performed in schools must include that school's name, code number and detector location info.*

*Code Example: 010010060. Testers can find a list of School Codes online at <http://www.state.nj.us/education/>*

**Structure Type** Basement - Crawlspace - Slab on Grade - Other  
(Circle One)

**Test Purpose** Initial Screening - Real Estate Transaction - Post Mitigation - Duplicate - Blank  
(Circle All That Apply)

**NJ Certified Testers:** 10% of all the tests you perform each month must include duplicates and 5% must include test site blanks.

**Floor Tested** Basement - 1<sup>st</sup> Floor - 2<sup>nd</sup> Floor **Name of Room Tested** \_\_\_\_\_  
(Circle One)

**Closed House Conditions** Present at start of test? Yes - No Present at end of test? Yes - No  
(Circle One)

**Indoor Conditions** Cool (<65° F) - Normal - Hot (>75° F) **Weather** **Raining?** Yes - No  
(Circle Two) Dry (<25% rh) - Normal - Humid (>60% rh) (Circle Two) **Windy?** Yes - No

**DEVICE SERIAL NUMBER(S)** \_\_\_\_\_  
Standard Test Duplicate Test Test Site Blank Test

**WERE THE DEVICES PLACED SIDE BY SIDE, 4 inches apart?** Yes - No  
(Circle One)

**Date Opened** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Start time** \_\_\_\_:\_\_\_\_ AM/PM (Circle One)

**Date Closed** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Stop time** \_\_\_\_:\_\_\_\_ AM/PM (Circle One)



Street Address 11 Awl Street, Medway, MA 02053 Mailing Address P. O. Box 158 Medway, MA 02053 Tel: 888-480-8812 Fax: 508-533-8831  
MEB# 90122 MES# 11135 LAB# MA004



Bureau of Facility Programs  
Radon and Indoor Air Quality



**Mandatory Measurements**  
**RESIDENTIAL RADON MEASUREMENT REPORT**  
**FOR BUILDINGS BUILT AS AND USED AS A HOME OR APARTMENT**

Page \_\_\_ of \_\_\_

**SECTION 1: FACILITY AND OWNER INFORMATION**

Facility Information:

Owner Information:

\_\_\_\_\_  
Name of Facility (as licensed or registered)

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Physical location (Street Address) of Facility Site

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City County Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of Contact Person

( ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title ( ) \_\_\_\_\_  
Phone Number

Facility type as licensed or registered (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Assisted Living Facility (previously ACLF)                      | <input type="checkbox"/> Delinquency Program (Ex: Halfway Houses, Non-secure Detention Homes) |
| <input type="checkbox"/> Alcohol, Drug Abuse or Mental Health                            | <input type="checkbox"/> Foster Care - 24 hour Family (for children)                          |
| <input type="checkbox"/> Developmentally Disabled (Ex: ICFDD Cluster, Small Group Homes) | <input type="checkbox"/> Foster Care - Adult  |
|  | <input type="checkbox"/> Family Day Care Home   |
| <input type="checkbox"/> OTHER (specify) _____   |   |

**SECTION 2: BUILDING INFORMATION**

**Check All That Apply**

\_\_\_\_\_  
Building Name or ID Number (If Applicable) Street Address of Building (If Different from Facility Site)

Buildings per address \_\_\_\_, Building No. \_\_\_\_ of \_\_\_\_ requiring testing

\_\_\_\_ No. of Stories, \_\_\_\_ No. of Stories Occupied, \_\_\_\_ Age of Building in Years

Number of measurements required in this building during this testing period: \_\_\_\_ initial short term, \_\_\_\_ follow-up

Cummulative number of measurements reported for this testing period: \_\_\_\_ initial short term, \_\_\_\_ follow-up

Upon completion of this form, send to :  
Department of Health  
Bureau of Facility Programs / Radon and Indoor Air Quality  
4052 Bald Cypress Way, Bin #A08  
Tallahassee, FL 32399-1710

**For Assistance in Completing this Form Call 1-800-543-8279**

|                  |                |               |
|------------------|----------------|---------------|
| Date<br>Received | Reviewed<br>By | Entered<br>By |
|------------------|----------------|---------------|

**SECTION 2: BUILDING INFORMATION CONTINUED**

Type of Building:

Unattached:

- Mobile Home,
- Single Level,
- Multi Level

Attached:

- Row House (Town House,  
Side by Side living units)
- Single Level,
- Multi Level
- Apartment (Condominium,  
over/under living units)
- Other (specify): \_\_\_\_\_

Cooling System:

- Central A/C,
- Room A/C,
- Window Fans,
- Attic Fan (Whole House Fan),
- Other (specify): \_\_\_\_\_

\_\_\_\_\_ In Use During  
Measurement(Y/N)?

Heating System:

Central (ducted) Heat:

- Combustion(gas, oil, etc.)
- Non-Combustion(electric)

Space Heat:

- Combustion(gas, oil, etc.)
  - Nonvented(room kerosene)
  - Vented(woodstove, etc.),
  - Fireplace
- Non-Combustion(electric,  
Radiant)
- Other (specify): \_\_\_\_\_

\_\_\_\_\_ In Use During  
Measurement(Y/N)?

Foundation/Floor System:

- Slab
- Crawlspace
- Pier
- Basement
- Other(specify) \_\_\_\_\_

**SECTION 3: RESULTS**

Measurement type:     Initial short term,     Short term follow-up,     Long term follow-up

Dates of Measurement: FROM    /    /    TO    /    /

Name of Person who performed Measurement (Placed Device)

Certificate No. (If Applicable)

| <u>Story</u> | <u>Room</u> | <u>Result</u> | <u>Units</u> † | <u>Device</u> ‡ | <u>Time in Hours</u> |
|--------------|-------------|---------------|----------------|-----------------|----------------------|
| _____        | _____       | _____         | _____          | _____           | _____                |
| _____        | _____       | _____         | _____          | _____           | _____                |
| _____        | _____       | _____         | _____          | _____           | _____                |
| _____        | _____       | _____         | _____          | _____           | _____                |

† P for pCi/L or W for WL

‡ AC-Activated Carbon Adsorption, AT-Alpha Track, CR-Continuous Radon Monitor, CW-Continuous Working Level Monitor, EL-Electret Ion Chamber Long Term, ES-Electret Ion Chamber Short Term, LS-Liquid Scintillation, RP-RPISU, UT-Unfiltered Alpha Track

**SECTION 4**

COMPLETE ONLY IF MEASUREMENTS ARE PERFORMED BY A RADON MEASUREMENT BUSINESS

\_\_\_\_\_  
Name of Business and Cert. No.

\_\_\_\_\_  
Name of Specialist and Cert. No.

\_\_\_\_\_  
Signature of Specialist

**SECTION 5**

I hereby certify that the Radon measurements reported herein have been performed in accordance with Chapter 64E-5, Florida Administrative Code, and Chapter 404, Florida Statutes.

\_\_\_\_\_  
Authorized Representative of Facility

\_\_\_\_\_  
Date