RSSI INFORMATION FORM

To begin testing:

1. Read placement instructions.
2. Remove detector from pouch.
3. Record start date on detector.
4. Insert hook into slot on bottom of detector (if needed).
5. Leave detector in place for test period.
6. Save this form and mailer box.

To end testing:

1. Record end date on detector.
2. Fill out this form.
3. Detach bottom portion and place in mailer with detector.
4. Mail immediately.
5. Check results at www.rssi.us
6. A report will be mailed to you within 2 weeks.

Detector Number

Keep this portion for your records.

Complete and return this portion with detector.

Start Date: Month Day Year End Date: Month Day Year

MAILING ADDRESS (where report should be sent)

Company / Organization

First Name M.I. Last Name

Street Address

City State Zip Code -

Phone Number - -

TEST LOCATION (where detector was placed)

Street Address (if different than above)

City State Zip Code -

County / Parish / District Room Type

Structure/Foundation Type:
(Check one)

____Slab on grade
____House with crawlspace
____House with full basement
____Bi-level / half basement
____Commercial building
____Public building
____School
____Other_____

Test Level or Floor:
(Check one)

____Basement or below grade
____1st floor or grade level
____2nd floor
____3rd floor or above
____Other_____

Detector Number