

Alpha-track Radon Detector Form

Record 6 digit
 Detector Number
 Here

A. When did you do your test?

Start: Month Day Year End: Month Day Year

B. Where did you place your detector?

Record detector number
for future reference

First Name

Last Name

Street Address

City State Zip Code -

County / Parish / District Room Type

Building Type	Structure Foundation	Test Level or Floor
<input type="checkbox"/> Single family home	<input type="checkbox"/> Slab at grade level	<input type="checkbox"/> Basement
<input type="checkbox"/> Multi-family dwelling	<input type="checkbox"/> Crawl space	<input type="checkbox"/> Garden level / below grade
<input type="checkbox"/> Commercial / Public	<input type="checkbox"/> Full basement	<input type="checkbox"/> 1st floor
<input type="checkbox"/> School / Daycare	<input type="checkbox"/> Bi-level / half-basement	<input type="checkbox"/> 2nd floor
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 3rd floor or above

Is there a radon mitigation system present? Yes No Don't know

C. Where should we send the results? Send to above name & address

First Name

Last Name

Company / Organization

Street Address

City State Zip Code -

D. How should we send the results? e-mail (quickest)

E-mail address

Phone Number - (In case we have a question.)

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