# Alpha-track Radon Detector

## Test Dates

Start: Month  Day  Year    End: Month  Day  Year

## Test Location (where detector was placed)

First Name

Last Name

Street Address

City

State    Zip Code    -

County / Parish / District

Room Type

### Structure/Foundation Type (Check

_____Slab at grade level
_____House with crawlspace
_____House with full basement
_____Bi-level or half basement/ crawl
_____Commercial/ School/ Public

### Test Level or Floor (Check

_____Basement or below grade
_____1st floor or grade level
_____2nd floor

Receive report by:
_____mail _____e-

Phone Number

___ - ___ - ___

E-mail address

## Report Information (if different from

Company / Organization

First Name

Last Name

Street Ad-

City

State    Zip Code    -