

Use this Data Sheet and send in with the detector(s) ONLY if you are not able to enter data into www.radonline.com. Using this form in place of web data entry will delay your reporting.

Radtrak² Long-Term Radon Test Dwelling

Name:

Address:

.....

City:

State:..... County:.....

Zip code:..... Municipality:.....

Building number:.....

Important!

Email:

DETECTOR AND COMMISSION INFORMATION

Fill in detector numbers

(bottom of the detector)

Specific detector location

Bed room Living Other living Non-living
room room area area

Floor detector was placed

	Fill in detector numbers	Specific detector location	Bed room	Living room	Other living area	Non-living area	Floor detector was placed
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Use this character

- B= Basement
- 0= Ground Floor
- 1= First Floor
- 2= Second Floor
- 3= Third Floor
- 4= Fourth Floor
- 5= Fifth Floor
- 6= Sixth Floor
- 7= Seventh Floor
- 8= Eighth Floor
- 9= Ninth Floor
- X= 10+ Floor

Start Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y

End Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y

BUILDING INFORMATION

Building Type

- SF Detached
- Condominium
- Apartment
- Townhouse
- Duplex
- Other

Year Built

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Test conditions

- Closed House
- Open House

Foundation Type

- Basement
- Bi-Level
- Slab On Grade
- Crawl Space
- Pillar/Above grade

Purpose of test

- Primary Screening
- Real Estate Transaction
- Follow Up
- Post Mitigation

Printed name:

Test data given by (signature):

If the detectors were deployed by a certified measurement specialist, certification license no:.....

If the detectors were retrieved by a different specialist from above, name & license no:.....