

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.

Rapidos® Short-Term Radon Test Data Sheet 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 room	Other living area	Non-living area	Floor detector was placed	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
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Please note the time format used is International Standard.

Start Date/Time	End Date/Time
M M D D Y Y H H M M <input type="text"/>	M M D D Y Y H H M M <input type="text"/>

BUILDING INFORMATION

Building Type <input type="checkbox"/> SF Detached <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Other	Year Built <input type="text"/> Test conditions <input type="checkbox"/> Closed House <input type="checkbox"/> Open House	Foundation Type <input type="checkbox"/> Basement <input type="checkbox"/> Bi-Level <input type="checkbox"/> Slab On Grade <input type="checkbox"/> Crawl Space <input type="checkbox"/> Pillar/Above grade	Purpose of test <input type="checkbox"/> Primary Screening <input type="checkbox"/> Real Estate Transaction <input type="checkbox"/> Follow Up <input type="checkbox"/> Post Mitigation
Printed name: <input type="text"/>			
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:.....			

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