



Bureau of Community Environmental Health
Radon and Indoor Air Quality



Mandatory Measurements
RESIDENTIAL RADON MEASUREMENT REPORT
FOR BUILDINGS BUILT AS AND USED AS A HOME OR APARTMENT

Page ___ of ___

SECTION 1: FACILITY AND OWNER INFORMATION

Facility Information:

Name of Facility (as licensed or registered)

Physical location (Street Address) of Facility Site

City County Zip

Name of Contact Person

Title

()
Phone Number

Owner Information:

Name of Owner

Street Address

City State Zip

()
Phone Number

Facility type as licensed or registered (check all that apply):

- Assisted Living Facility (previously ACLF)
- Alcohol, Drug Abuse or Mental Health
- Developmentally Disabled (Ex: ICFDD Cluster, Small Group Homes)
- Delinquency Program (Ex: Halfway Houses, Non-secure Detention Homes)
- Foster Care - 24 hour Family (for children)
- Foster Care - Adult
- Family Day Care Home
- OTHER (specify) _____

SECTION 2: BUILDING INFORMATION

Check All That Apply

Building Name or ID Number (If Applicable) Street Address of Building (If Different from Facility Site)

Buildings per address ____, Building No. ____ of ____ requiring testing

____ No. of Stories, ____ No. of Stories Occupied, ____ Age of Building in Years

Number of measurements required in this building during this testing period: ____ initial short term, ____ follow-up

Cummulative number of measurements reported for this testing period: ____ initial short term, ____ follow-up

Upon completion of this form, send to:
Department of Health
Bureau of Community Environmental Health / Radon and Indoor Air Quality
4052 Bald Cypress Way, Bin #A08
Tallahassee, FL 32399-1710

For Assistance in Completing this Form Call 1-800-543-8279

Date Received	Reviewed By	Entered By
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SECTION 2: BUILDING INFORMATION CONTINUED

Type of Building:

Unattached:

- Mobile Home,
- Single Level,
- Multi Level

Attached:

- Row House (Town House,
Side by Side living units)
- Single Level,
- Multi Level
- Apartment (Condominium,
over/under living units)
- Other (specify):

Cooling System:

- Central A/C,
- Room A/C,
- Window Fans,
- Attic Fan (Whole House Fan),
- Other (specify):

____ In Use During
Measurement(Y/N)?

Heating System:

Central (ducted) Heat:

- Combustion(gas, oil, etc.)
- Non-Combustion(electric)

Space Heat:

- Combustion(gas, oil, etc.)
 - Nonvented(room kerosene)
 - Vented(woodstove, etc.),
 - Fireplace
- Non-Combustion(electric,
Radiant)
- Other (specify):

____ In Use During
Measurement(Y/N)?

Foundation/Floor System:

- Slab
- Crawlspace
- Pier
- Basement
- Other(specify)

SECTION 3: RESULTS

Measurement type: Initial test, Post Five year follow-up

Dates of Measurement: FROM / / TO / /

Name of Person who performed Measurement (Placed Device)

Certificate No. (If Applicable)

<u>Story</u>	<u>Room</u>	<u>Result</u>	<u>Units</u> †	<u>Device</u> ‡	<u>Time in Hours</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

† P for pCi/L or W for WL

‡ AC-Activated Carbon Adsorption, AT-Alpha Track, CR-Continuous Radon Monitor, CW-Continuous Working Level Monitor, EL-Electret Ion Chamber Long Term, ES-Electret Ion Chamber Short Term, LS-Liquid Scintillation, RP-RPISU, UT-Unfiltered Alpha Track

SECTION 4

COMPLETE ONLY IF MEASUREMENTS ARE PERFORMED BY A RADON MEASUREMENT BUSINESS

Name of Business and Cert. No.

Name of Specialist and Cert. No.

Signature of Specialist

SECTION 5

I hereby certify that the Radon measurements reported herein have been performed in accordance with Chapter 64E-5, Florida Administrative Code, and Chapter 404, Florida Statutes.

Authorized Representative of Facility

Date