



Bureau of Environmental Health
Radon Program



Monthly Report
for Certified Radon Businesses
RADON MITIGATION REPORT

Month of _____, 20____

Page ___ of ___

Name of Business and Cert. No.

Name of Specialist and Cert. No.

Specialist's Initials

SECTION 1

Date mitigation Completed

Buildings per address _____

Building No. _____ of _____ mitigated

Street Address of Building (physical location)

City

County

Zip

Classification of Building:

- Single Family Residence Complete Sections 2,4,5
- Multiple Family Residence

-
- School
 - Child Care Center
 - 24 Hour Care Facility Complete Sections 3,4,5
 - Nonresidential (specify):

SECTION 2

Check All That Apply

Type of Building:

Unattached:

- Mobile Home,
- Single Level,
- Multi Level

Attached:

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

Foundation/Floor System:

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

No. of Stories,

Age of Building
in Years

SECTION 3
Check All That Apply

Foundation/Floor Type

- Slab
- Crawlspace
- Basement
- Bare Earth Cellar
- Pier/Pillar
- Other (specify): _____

Building Features

- Elevator(s)
- Internal Stairwells
- Mechanical Chases
- Suspended Ceilings
- Exhaust Fans

_____ Age of Building
(in Years)

_____ No. of Stories

SECTION 4

PRE-MITIGATION TEST:

POST-MITIGATION TEST:

Business That Performed Measurement

_____ Name and Cert. No.

_____ Name and Cert. No.

Person That Performed Measurement

_____ Name and Cert. No.

_____ Name and Cert. No.

Story	Apt/Room
_____	_____
_____	_____
_____	_____

From	To	Result [†]	Device [‡]	Total Hrs
___/___/___	___/___/___	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

From	To	Result [†]	Device [‡]	Total Hrs
___/___/___	___/___/___	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

[†]in pCi/L or WL (P or W); [‡]AC-Activated Carbon Adsorption, AT-Alpha Track, CR-Continuous Radon Monitor, CW-Continuous Working Level Monitor, ES-Electret Ion Chamber-Short Term, EL-Electret Ion Chamber-Long Term, LS - Liquid Scintillation

SECTION 5
Check All That Apply

TYPE OF MITIGATION SYSTEM INSTALLED

- | | |
|---|---|
| <input type="checkbox"/> Sub Slab Depressurization | <input type="checkbox"/> Block Wall Depressurization |
| <input type="checkbox"/> Mechanical Ventilation | <input type="checkbox"/> Mechanical Heat Recovery Ventilation |
| <input type="checkbox"/> Crawl Space Depressurization | <input type="checkbox"/> Crawl Space Ventilation |
| <input type="checkbox"/> Sealing Slab Cracks and Openings | |
| <input type="checkbox"/> Other (Specify) _____ | |

Describe Special Features _____

Upon completion of this form, send to: **Department of Health**
Bureau of Environmental Health / Radon Program
4052 Bald Cypress Way, Bin #A12 Tallahassee, FL 32399-1720
You may scan the report and email it to
RadonReports@FLhealth.gov