



Bureau of Environmental Health
Radon Program
Mandatory Measurements
RESIDENTIAL RADON MEASUREMENT REPORT
FOR BUILDINGS BUILT AS AND USED AS A HOME OR APARTMENT



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):

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

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 (or year built)

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

Cumulative 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 Environmental Health / Radon Program
4052 Bald Cypress Way, Bin #A08
Tallahassee, FL 32399-1720**

You may scan the report and email it to RadonReports@FLhealth.gov

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

SECTION 2: BUILDING INFORMATION CONTINUED

Foundation/Floor System:

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

Year Built _____
 No. of Stories _____
 No. Stories occupied ____

SECTION 3: RESULTS

Measurement type: Initial short term, Short term follow-up, Long term 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

TO BE COMPLETED BY A RADON MEASUREMENT BUSINESS IF THEY PERFORMED THE MEASUREMENTS

Name of Business and Cert. No.

Name of Specialist and Cert. No.

Signature of Specialist

SECTION 5

COMPLETE ONLY IF MEASUREMENTS ARE PERFORMED BY STAFF EMPLOYED BY THE FACILITY

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