

LANDAUER[®]

Radtrak[®]



Radtrak[®] Long Term Radon Test Data Sheet

Please completely fill in detector's data sheet. When testing is complete, please return sheet with devices to the lab for analysis.

Property Tested:

Name: _____

Address: _____

City/Prov.: _____/ _____

Postal Code: _____

Phone: _____

Email: _____

Send Radon Report To:

(If different from tested address)

Address: Interior Radiation Protection Services Ltd.

RR #1 Site 10 Comp. 10

City/Prov.: Slocan Park / BC/ Canada

Postal Code: V0G 2E0

Acct. Number: 410669

Email: paul@irps.info

Radtrak[®] Radon Detector Information:

Detector Number:

Floor: Basement _____ First Floor _____

Other: _____

Location: (please circle)

Living Room Family Room

Bedroom Bedroom 2

Bedroom 3 Bedroom 4

Other: _____

Purpose of Test: (please circle)

First Time Screening Follow Up to Initial Test

Real Estate Transaction Post Mitigation

Exposure Period:

Start Date: _____/_____/_____
(month) (day) (year)

End Date: _____/_____/_____
(month) (day) (year)

Start date of the radon test *MUST* be prior to the expiration date on the sealed foil pouch. Failure to start before expiration may result in an invalid test