



RR #1 Site 10 Compartment 10, Slocan Park, B.C. V0G 2E0

RADON TESTING

RADON CONSULTING

RADON MITIGATION

**Ph: 250-359-8044
Cell: 250-365-9865**

www.irps.info

**Fax: 250-359-8045
Email: paul@irps.info**

Paul Muntak CRT # 201066 CRMT # 201067

**DEPLOYMENT INFORMATION RECORD SHEET &
WHERE TO PLACE YOUR DEVICE**

- The test duration may extend from 2 days to 365 days depending on how your chamber and electret were arranged. Testing of a building is more effective over the winter months (October – April). Buildings are more tightly closed up during the winter and heating systems are functional.
- Test the lowest lived-in level of the house. Do not test in crawl spaces, but test in the basement if it has some living space, or if you plan to add living space there.
- Potential measurement locations typically include family rooms, living rooms, dining rooms, dens, playrooms, and bedrooms. Avoid the bathroom, the kitchen, and closets.
- Place the device by any interior wall at least 50cm (20in) from the floor and at least 20cm (8in) from any other object. The best height range is anywhere from 0.9m to 2m (3ft to 6.5 ft) above the floor level, as this represents our typical breathing zones.
- Placement must be at least 0.9m (3ft) from an exterior door or window.
- Do not place near a source of air movement or drafts such as: forced air heat vent, ceiling fans, etc.
- Do not place on fireplace mantles or other large surfaces of natural stone.
- Record the required information, the date deployed, and the date the test is completed, test location
- Send the test and a copy of your deployment information sheet back to IRPS for analysis.
- Lab fees are included in the price of the test device however; you will need to cover the cost for the appropriate return postage fees (use a traceable service).
- Results will be sent to you & IRPS via email. If you have any questions regarding the deployment of test device, results, or Radon in general please feel free to contact us.
- Ensuring compliance with these directions will provide the best and most accurate test results for your home or building. Non-compliance with instructions may void your test.
- Mail test kit to address on letterhead.

1. Name of client: _____
2. Address of client: _____
3. Email for report: _____
4. Start date & time of device(s): _____
5. End date & time of device(s): _____
6. Device serial number(s): _____
7. Corresponding location of device(s) (use device serial number with location): _____

