

School Radon Testing Reporting Form

According to Minnesota Statute 123B.571 subd. 3, a school district that has tested its school buildings for the presence of radon shall report the results of its tests to the Department of Health. Please use this form to submit information about the most recent round or cycle of testing conducted for each building.

Instructions

- 1. Complete one form for each building tested. In this case, a building is defined as an occupied facility with a unique address. This includes administrative buildings.
- 2. Include this form, raw data (e.g. laboratory report) and a building map.
- Submit this form when all work is completed for a round of testing. This includes
 reporting to the school board, and follow-up testing and post-mitigation testing, if
 applicable.
- 4. Email information to health.indoorair@state.mn.us.

Contact Information

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Initial Radon Testing Information

School Building Name: Next Step	
	nington County Schools - District 833
Building Address: 7155 80th & S#180	1 Cottage Grave, MN 55016
Test Kit Manufacturer: Air CHEK	Device Name: Pro Chek
Date of Kit Retrieval (DD/MM/YY): 03/29/19	Length of Test (days): 3
How many rooms were tested? β	
Does the test period include weekends?	es 🔀 No
Does the test period include school breaks or h	nolidays? Yes No

SCHOOL RADON TESTING REPORTING FORM

Were all frequently-occupied ground contact If no, did you attempt to test all frequently test kits were placed in all these rooms.	ently occupied ground co	es No ntact rooms, meaning
How many rooms had results ≥ 4 pCi/L?:	8	
Were the results reported at a school board n	neeting? Yes X	Scheduled for upcoming med
Follow-up Testing, Mitigation, &		
How many rooms had follow-up testing?:		
Number of rooms with follow-up results	≥ 4 pCi/L:	< 4 pCi/L:
Of the rooms that had test results ≥ 4 pCi/L, h	now many rooms were:	
mitigated by HVAC balancing or operational c	hanges? :	
mitigated by installation of active soil depress	urization?:	
addressed through other corrective measures	?²:	
What was the cost of the installation and/or F	IVAC service work, to mit	igate radon?\$
What is the known or anticipated annual oper	rating cost of mitigation (estimate)? \$
After radon mitigation, how many rooms were	e retested?:	

Post mitigation results (# of rooms)

≥ 4 pCi/L:

< 4 pCi/L:

¹ This includes classrooms, offices, break rooms, laboratories, cafeterias, libraries, auditoriums, gymnasiums, etc. It includes rooms on grade and rooms above unoccupied spaces that are in contact with the ground, such as rooms above storage rooms, crawl spaces, tunnels, and boiler rooms. If only a sample or portion of rooms were tested, then respond with 'no'.

² 'Other corrective measures' could include moving staff out of a room and making a room unoccupied or trying to seal radon entry points.

Radon test result report for:

NEXT STEP

Analyzed	pCi/L	Ended	Started	Room Id	Kit#
2019-04-03	0.8 ± 0.4	2019-03-29 @ 10:00 am	2019-03-26 @ 11:00 am	101	9197473
2019-04-03	< 0.3	2019-03-29 @ 10:00 am	2019-03-26 @ 11:00 am	102	9197475
2019-04-03	0.7 ± 0.4	2019-03-29 @ 10:00 am	2019-03-26 @ 11:00 am	103	9197474
2019-04-03	< 0.3	2019-03-29 @ 10:00 am	2019-03-26 @ 11:00 am	104	9197476
2019-04-03	0.6 ± 0.4	2019-03-29 @ 10:00 am	2019-03-26 @ 11:00 am	105	9197481
2019-04-03	< 0.3	2019-03-29 @ 10:00 am	2019-03-26 @ 11:00 am	COMP LAB	9197467
2019-04-03	0.5 ± 0.4	2019-03-29 @ 10:00 am	2019-03-26 @ 11:00 am	MAIN AREA	9197468
2019-04-03	0.7 ± 0.4	2019-03-29 @ 10:00 am	2019-03-26 @ 11:00 am	NURSES	9197472

Air Chek 1936 Butler Bridge Rd, Mills River, NC 28759-3892 Phone: (828) 684-0893 Fax: (828) 684-8498