



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
RADON PROGRAM

INITIAL SCHOOL RADON MEASUREMENT REPORT FORM

January 2021

The following form must be submitted to the Connecticut Department of Public Health Radon Program within ten (10) business days of providing a final written report of radon measurement activities to school personnel. **Do not send test results or other documents.** Submit only one signed form by **mail, fax OR email (preferred)** to the Radon Program at:

CT Department of Public Health Radon Program
410 Capitol Avenue MS#12RAD
Hartford, CT 06134-0308
Fax: 860-509-7295
Email: DPH.RadonReports@ct.gov

Name of School:

Address:

(Street, town, zip code)

Measurement Company:

Please provide the following summary information:

Testing Dates:

(deployment & retrieval. Include confirmatory testing dates if necessary)

Total # of Rooms Tested:

Total # of Rooms Requiring Re-Testing:

Total # of Rooms Where Average Results were at or above 4.0 pCi/L:

Radon measurement activities were performed at the location above in accordance with United States Environmental Protection Agency protocols and the Connecticut Department of Public Health Radon Program's *School Radon Testing Guidance*.

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Measurement Professional / NRPP/NRSB #

Signature

Date

School Designee / Title

Signature

Date



Phone: (860) 509-7300
Telephone Device for the Deaf (860) 509-7191
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