

# 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.
3. 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](mailto:health.indoorair@state.mn.us).

## Contact Information

Name: <b>Wendy German</b>	
Mailing Address: 7362 East Point Douglas Rd, Cottage Grove, MN 55016	
Phone: 651-425-6277	Email: <a href="mailto:wgerman@sowashco.org">wgerman@sowashco.org</a>

## Initial Radon Testing Information

School Building Name: <b>Liberty Ridge - Site II</b>	
School District & District Number: South Washington County Schools - District 833	
Building Address: 11283 Eagle View Blvd, Suite 102, Woodbury, MN 55129	
Test Kit Manufacturer: <b>AirChek</b>	Device Name: <b>ProChek</b>
Date of Kit Retrieval (DD/MM/YY): 11/3/21	Length of Test (days): <b>3</b>
How many rooms were tested? <b>14</b>	
Does the test period include weekends? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does the test period include school breaks or holidays? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL RADON TESTING REPORTING FORM

Were all frequently-occupied ground contact rooms tested? <sup>1</sup> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, did you attempt to test all frequently occupied ground contact rooms, meaning test kits were placed in all these rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many rooms had results $\geq 4$ pCi/L?: <b>0</b>
Were the results reported at a school board meeting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### Follow-up Testing, Mitigation, & Post-Mitigation Testing

If one or more rooms tested  $\geq 4$  pCi/L, please answer the questions below:

How many rooms had follow-up testing?:		
Number of rooms with follow-up results	$\geq 4$ pCi/L:	$< 4$ pCi/L:
Of the rooms that had test results $\geq 4$ pCi/L, how many rooms were:		
mitigated by HVAC balancing or operational changes? :		
mitigated by installation of active soil depressurization?:		
addressed through other corrective measures? <sup>2</sup> :		
What was the cost of the installation and/or HVAC service work, to mitigate radon? \$		
What is the known or anticipated annual operating cost of mitigation (estimate)? \$		
After radon mitigation, how many rooms were retested?:		
Post mitigation results (# of rooms)	$\geq 4$ pCi/L:	$< 4$ pCi/L:

<sup>1</sup> 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'.

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

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March 16, 2021

**\*\* LABORATORY ANALYSIS REPORT \*\***

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Radon test result report for:

**SWC 833**

**LIBERTY RIDGE SITE 2**

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Kit #	Room Id	Started	Ended	pCi/L	Analyzed
9594183	105	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	< 0.3	2021-03-15
9594196	107 GYM	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	< 0.3	2021-03-15
9594179	111	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	0.8 ± 0.3	2021-03-15
9594180	112	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	< 0.3	2021-03-15
9594182	113	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	< 0.3	2021-03-15
9594184	127	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	0.9 ± 0.3	2021-03-15
9594187	128	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	< 0.3	2021-03-15
9594188	129	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	< 0.3	2021-03-15
9594193	131	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	< 0.3	2021-03-15
9594195	132	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	< 0.3	2021-03-15
9594189	CAFETERIA	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	1.0 ± 0.4	2021-03-15
9594186	MUSIC	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	< 0.3	2021-03-15
9594178	NURSE	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	< 0.3	2021-03-15
9594177	OFFICE	2021-03-08 @ 2:00 pm	2021-03-11 @ 12:00 pm	0.8 ± 0.3	2021-03-15

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