

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.

Contact Information

(Submitting this report)

Name Wendy German

Mailing Address 7362 E Point Douglas Rd S Cottage Grove, MN 55016

Phone 651-425-6277 Email wgerman@sowashco.org

Person(s) Deploying or Retrieving Test Devices¹

Name Wendy German Organization/Company Mendian, RMEA-00447

Name _____ Organization/Company _____

Name _____ Organization/Company _____

School Board Reporting

Were all the results reported at a school board meeting? Yes No

¹ List all individuals that deployed (placed) or retrieved (picked up) test devices including initial, follow-up, and post-mitigation testing. Additional names can be added to notes at end of this form.

SCHOOL RADON TESTING REPORTING FORM

Initial Radon Testing

School Building Name Hillside Elementary

School District & District Number South Washington County - District 833

Building Address 8177 Hillside Trail S Cottage Grove, MN 55016

Test Kit Manufacturer Air Check Device name Pro Check

Date of Kit Retrieval (MM/DD/YY) 03/25/22 Length of Test (days) 2

How many rooms were tested? 42

Does the test period include weekends? Yes No

Does the test period include school breaks or holidays? Yes No

Was HVAC operating under occupied conditions? Yes No

Were test devices deployed in all occupied and intended to be occupied rooms in contact with the ground, and, if applicable, 10% of upper floor rooms? Yes No

Were valid measurements obtained in all occupied and intended to be occupied rooms in contact with the ground, and, if applicable, 10% of upper floor rooms?² Yes No

If no, were all results obtained under 2.0 pCi/L **and** were there sufficient valid measurements obtained that allowed for no further testing?³ Yes No

How many rooms had results ≥ 4 pCi/L? 0

² This includes rooms, offices, classrooms, and other general use areas. Ground contact means: 1) rooms that have floors or walls in contact with the ground; and 2) rooms that are closest to the ground over untested ground-contact locations, such as a crawl space, utility tunnel, parking garage and other non-habitable space that is in contact with ground. Intended to be occupied rooms are locations where there are plans to occupy rooms even though they are unoccupied at the time of the testing. In addition, if the building has upper floors, at least 10% of these rooms must be tested.

³ Section 6.2 of the ANSI/AARST standard allows for a specific small number of invalid measurements (e.g., test kits missing, damaged, etc) if all the valid test results were under 2.0 pCi/L. Review this section of the standard and evaluate how many rooms needed testing and how many had valid results. If there were too many invalid results, this means additional testing was required in these locations and answer this question as 'no'.

SCHOOL RADON TESTING REPORTING FORM

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

If one or more rooms tested ≥ 4 pCi/L, please answer the questions below.

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, how many rooms were:

mitigated by diluting or pressurizing the soil or indoor air

(not active soil depressurization)? _____

mitigated by installing active soil depressurization system(s)? _____

reduced by adjusting the HVAC system? _____

Individual who installed mitigation

Name _____ Organization/Company _____

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 re-tested?⁴ _____

Post-mitigation results (# of rooms):

≥ 4 pCi/L _____ < 4 pCi/L _____

Notes

Minnesota Department of Health | Environmental Health | Indoor Air Unit

health.indoorair@state.mn.us

www.health.state.mn.us

June 2021

To obtain this information in a different format, call: 651-201-4601.

⁴ The building must be tested, to verify reduction and ensure mitigation has not increased radon in rooms that used to be low.

March 30, 2022

**** LABORATORY ANALYSIS REPORT ****

Radon test result report for:
833
HES

Kit #	Room Id	Started	Ended	pCi/L	Analyzed
11152968	100	2022-03-23 @ 9:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152969	100B	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152796	101	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152970	102	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152787	103	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152798	104	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	0.8 ± 0.4	2022-03-30
11152964	104A	2022-03-23 @ 9:00 am	2022-03-25 @ 10:00 am	0.7 ± 0.4	2022-03-30
11152786	105	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152799	106	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152795	107	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152800	108	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152794	109	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	0.8 ± 0.4	2022-03-30
11152797	110	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152793	111	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	0.9 ± 0.5	2022-03-30
11152790	112	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152792	113	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152791	114	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	0.7 ± 0.5	2022-03-30
11152694	200	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152700	202	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152372	203	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152699	204	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152371	205	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	0.6 ± 0.4	2022-03-30
11152357	206	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152370	207	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	0.5 ± 0.5	2022-03-30
11152360	208	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152369	209	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	0.7 ± 0.5	2022-03-30
11152361	210	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152368	211	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	0.6 ± 0.4	2022-03-30
11152362	212	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152367	213	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152363	214	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152366	215	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152364	216	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152365	217	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152983	301B	2022-03-23 @ 1:00 pm	2022-03-25 @ 6:00 pm	< 0.3	2022-03-30
11152950	302B	2022-03-23 @ 1:00 pm	2022-03-25 @ 6:00 pm	< 0.3	2022-03-30
11152982	303B	2022-03-23 @ 1:00 pm	2022-03-25 @ 6:00 pm	< 0.3	2022-03-30

March 30, 2022

**** LABORATORY ANALYSIS REPORT ****

Radon test result report for:

833

HES

Kit #	Room Id	Started	Ended	pCi/L	Analyzed
11152376	CAFETERIA	2022-03-23 @ 10:00 am	2022-03-25 @ 6:00 pm	< 0.3	2022-03-30
11152963	COUNSELOR	2022-03-23 @ 9:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152789	CUSTODIAN OFFICE	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	0.7 ± 0.5	2022-03-30
11152961	MAIN OFFICE	2022-03-23 @ 9:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152788	MEDIA CENTER	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	1.6 ± 0.5	2022-03-30
11152693	MEDIA CENTER	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	0.9 ± 0.5	2022-03-30
11152374	MUSIC	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	< 0.3	2022-03-30
11152967	NURSE	2022-03-23 @ 9:00 am	2022-03-25 @ 10:00 am	1.1 ± 0.5	2022-03-30
11152962	PRINCIPAL	2022-03-23 @ 9:00 am	2022-03-25 @ 10:00 am	0.9 ± 0.5	2022-03-30
11152377	STAFF DINING	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	1.0 ± 0.5	2022-03-30
11152373	STAFF DINING	2022-03-23 @ 10:00 am	2022-03-25 @ 10:00 am	0.9 ± 0.5	2022-03-30

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