

Alpha-track Radon Detector Form

Record 6 digit
Detector Number
Here

A. When did you do your test?

Start: Month Day Year End: Month Day Year

B. Where did you place your detector?

First Name
 Last Name

Street Address

City State Zip Code -

County / Parish / District Room Type

Structure/Foundation Type Test Level or Floor

Slab at grade level Basement or below grade
 Crawl space 1st floor or grade level
 Full basement 2nd floor
 Bi-level or half basement/ half crawl 3rd floor or above
 Commercial / Public Building Other _____
 School / Daycare
 Other _____

C. Where should we send the results? Send to above name & address

First Name Last Name

Company / Organization

Street Address

City State Zip Code -

D. How should we send the results?

Via: e-mail - (quickest option) or US Postal Service

E-mail address

Phone Number - (In case we have a question.)

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