Radon Testing Corp. of America
2 Hayes Street, Elmsford, NY 10523, Phone: (914)345-3380

Radon Testing Summary Sheet
Please fill out all pertinent information legibly

Send Results Report to:

Contact: _____

Company/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: info@accuviewinspections.com

Accu-View Property Inspections, Inc.
P.O. Box 641
Buffalo, NY 14051
716-882-2200

Test Location Information:

School District: _____ School Code #: _____

County: Niagara Municipality: Lewiston

Building/School Name: _____

Address: 5374 Roberts Drive

City: Lewiston State: NY Zip: 14092

Placed by ID#: NRSB #1SS0032 Retrieved by ID#: #1SS0032

Start Date: Aug 1, 2016 Stop Date: Aug 4, 2016

Time zone: EST Total # of detectors for this building: 9

PLEASE CIRCLE APPROPRIATE CONDITIONS

Building Type: Day Care-(D) Residential-(R) Non-Residential-(N) School-(S) Public School-(P) Unknown-(U)

Structural Type of Building: Basement-(B) Crawlspace-(C) Slab-on-grade-(S) Other-(O) Unknown-(U)

Purpose of Test: Screening-(S) Real Estate-(R) Post Mitigation-(POM)

Test Conditions: Open House-(OH) Closed House-(CH) Rainy-(RA) Windy-(WY) Unknown-(NO)

Report: EXCELL (EDD) + PDF

Instructions: Tear off center bar coded label from detector and affix to sheet in spaces provided. Please make sure top bar code label is left on detector. Record start & stop time, identify test location and indicate if QA measurement for each detector. Use additional sheets as necessary. Please mark clearly if any detector is missing or damaged at retrieval.

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2474895
1

Start Time: 11:50 AM Stop Time: 11:31 AM
Room # or other identifier: Sump Pump Floor: Basement
Please circle if QA Measurement: Blank Duplicate

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2474914
2

Start Time: 11:54 AM Stop Time: 11:33 AM
Room # or other identifier: West/Chimney Floor: Basement
Please circle if QA Measurement: Blank Duplicate

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2474890
3

Start Time: 11:58 AM Stop Time: 11:36 AM
Room # or other identifier: SE/Laundry Floor: Basement
Please circle if QA Measurement: Blank Duplicate

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2482386
4

Start Time: 12:01 PM Stop Time: 11:36 AM
Room # or other identifier: NW-Storage Floor: Basement
Please circle if QA Measurement: Blank Duplicate

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2474902
5

Start Time: 12:06 PM Stop Time: 11:39 AM
Room # or other identifier: Foyer Floor: 1st
Please circle if QA Measurement: Blank Duplicate

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2474912
6

Start Time: 12:07 PM Stop Time: 11:39 AM
Room # or other identifier: East/TV Floor: 1st
Please circle if QA Measurement: Blank Duplicate

Instructions: Tear off center bar coded label from detector and affix to sheet in spaces provided. Please make sure top bar code label is left on detector. Record start & stop time, identify test location and indicate if QA measurement for each detector. Use additional sheets as necessary. Please mark clearly if any detector is missing or damaged at retrieval.

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2482442

Start Time: 12:09 PM Stop Time: 11:41 AM

Room # or other identifier: Office Floor: 1st

Please circle if QA Measurement: Blank Duplicate

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2474927

Start Time: 12:11 PM Stop Time: 11:42 AM

Room # or other identifier: Bedroom/TV Floor: 1st

Please circle if QA Measurement: Blank Duplicate

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2474818

7-B

Start Time: 12:09 PM Stop Time: 11:41 AM

Room # or other identifier: Office Floor: _____

Please circle if QA Measurement: Blank Duplicate

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate