Bureau of Environmental Health

# MANDATORY RADON MEASUREMENT REPORT

## SUPPLEMENTAL PAGE

(Use if needed with **DH1777 or DH1778**)



## SECTION 3: RESULTS (CONTINUED)

Building Name or ID Number (If Applicable)

Buildings per address ___

Building No. ___ of ___ Requiring Testing

Measurement Type: ☐ Initial or ☐ 5 Year Retest

Dates of Measurement: FROM / / TO / /

Name of Person Who Performed Measurement (Placed Device)

Certificate No. (If Applicable)

| Story | Apt/Room | Result | Units† | Device‡ | Time in Hours |
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†P for pCi/L or W for WL

‡AC-Activated Carbon Adsorption, AT-Alpha Track, CR-Continuous Radon Monitor, CW-Continuous Working Level Monitor, EL-Electret Ion Chamber Long Term, ES-Electret Ion Chamber Short Term, LS-Liquid Scintillation, RP-RPISU, UT-Unfiltered Alpha Track

## SECTION 3: RESULTS (CONTINUED)

Name of Person Who Performed Measurement (Placed Device) _____ Certificate No. (If Applicable) _____

| Story | Apt/Room | Result | Units† | Device‡ | Time in Hours |
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Name of Person Who Performed Measurement (Placed Device) _____ Certificate No. (If Applicable) _____

| Story | Apt/Room | Result | Units† | Device‡ | Time in Hours |
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