



Bureau of Environmental Health  
 Radon Program  
**Mandatory Measurements**  
**NONRESIDENTIAL RADON MEASUREMENT REPORT**  
FOR BUILDINGS OTHER THAN SINGLE OR MULTI FAMILY DWELLING



Page \_\_\_ of \_\_\_

**SECTION 1: FACILITY AND OWNER INFORMATION**

Facility Information:

Owner Information:

Facility Name (as licensed, registered, or listed with state) \_\_\_\_\_

Name of Owner \_\_\_\_\_

Physical location (Street Address) of Facility Site \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

( ) \_\_\_\_\_  
 Phone Number

Title \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Facility type as licensed or registered (Submit individual facilities separate. I.E. A Day Care and School at the same place):

- |  |   |
|--|---|
| <input type="checkbox"/> Assisted Living Facility (previously ACLF)              | <input type="checkbox"/> Hospitals (Acute Care, Physical Rehab., Psychiatric, or Intensive Residential Treatment) |
| <input type="checkbox"/> Alcohol, Drug Abuse or Mental Health                    | <input type="checkbox"/> Nursing Home/Skilled Nursing Facility  |
| <input type="checkbox"/> Correctional Facility or Jail                           | <input type="checkbox"/> Public School (K-12)   |
| <input type="checkbox"/> Day Care Center (pre kindergarden)                      | <input type="checkbox"/> Private School (K-12)  |
| <input type="checkbox"/> Delinquency Program (Ex: Start Center, Training School) |   |
| <input type="checkbox"/> OTHER (specify) _____                                   |   |

**SECTION 2: BUILDING INFORMATION**

Building Name or ID Number (If Applicable) \_\_\_\_\_

Street Address of Building (If Different From Facility Site) \_\_\_\_\_

Buildings per address \_\_\_; Building No. \_\_\_ of \_\_\_ requiring testing.

Number of measurements required in this building during this testing period: \_\_\_ initial or 5 year retest, \_\_\_ follow-up

Cumulative number of measurements reported for this testing period: \_\_\_ initial or 5 year retest, \_\_\_ follow-up

\_\_\_ No. of Stories, \_\_\_ No. of Stories Occupied, \_\_\_ Age of Building in Years (or year built)

**CHECK ALL THAT APPLY**

Foundation/Floor

System:

- Slab  
 Crawlspace  
 Pier

- Floored Basement  
 Bare Earth  
 Basement  
 Other (specify) \_\_\_\_\_

**SECTION 3: RESULTS**

Measurement Type:  Initial or 5 Year Retest,  Follow-up

Dates of Measurement: FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_

Name of Person who performed Measurement (Placed Device)				Certificate No. (If Applicable)	
<u>Story</u>	<u>Room</u>	<u>Result</u>	<u>Units<sup>†</sup></u>	<u>Device<sup>‡</sup></u>	<u>Time in Hours</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<sup>†</sup> P for pCi/L or W for WL

<sup>‡</sup> 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 4**

**COMPLETE ONLY IF MEASUREMENTS ARE PERFORMED BY A RADON MEASUREMENT BUSINESS**

\_\_\_\_\_  
Name of Business and Cert. No.

\_\_\_\_\_  
Name of Specialist and Cert. No.

\_\_\_\_\_  
Signature of Specialist

**SECTION 5**

**COMPLETE ONLY IF MEASUREMENTS ARE PERFORMED BY STAFF EMPLOYED BY THE FACILITY**

I hereby certify that the Radon measurements reported herein have been performed in accordance with Chapter 64E-5, Florida Administrative Code, and Chapter 404, Florida Statutes.

\_\_\_\_\_  
Authorized Representative of Facility

\_\_\_\_\_  
Date

Upon completion of this form, **send to:**  
Department of Health  
Bureau of Environmental Health / Radon Program  
4052 Bald Cypress Way, Bin #A12  
Tallahassee, FL 32399-1720  
You may scan the report and email it to RadonReports@FLhealth.gov

For assistance in completing this form call 1-800-543-8279