

Alpha-track Radon Detector Form

Record 6 digit Detector Number Here -----
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A. When did you do your test?

Start: Month Day Year End: Month Day Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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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