

INSTRUCTIONS FOR SHORT TERM RADON TESTING IN FLORIDA

****Start test before expiration date on device or result will be invalid.****

AccuStar Labs has developed these instructions according to Florida-Department of Health and the EPA. These instructions must be followed correctly in order to receive valid test results. All the information requested on the Data Sheet is mandatory. If you have questions about these instructions, call AccuStar Labs at 888-480-8812 before you begin the test.

Professional testers using AccuStar Labs test kits must be certified by Florida DoH and affiliated with AccuStar prior to testing.
Certified testers must perform the required monthly amount of QC tests and must report these to AccuStar each month.

Prepare to Test under Closed House Conditions

It is very important to maintain “closed house conditions” for twelve hours before you start the test and during the entire testing because ventilation can increase or decrease radon levels in unpredictable ways. Keep all windows and doors closed except for normal entry and exit. Run Heating/Central Air Systems normally. Operate Air Conditioners (window units) in re-circulation or vent closed mode. DO NOT use attic and window fans, fireplaces and wood stoves (unless they are the primary heat source) for the duration of test.

TEST RESULTS WILL BE INVALID IF CLOSED HOUSE CONDITIONS ARE NOT MAINTAINED.

Select the Test Location and Place the Device

- In the lowest livable level of the home that is used, or could be used, as a living space. This would include, for example, a 1st floor without a basement, and a finished or unfinished basement, but not a crawl space.
- In a location where it will not be disturbed.
- At least 20 inches from floor, at least 4 inches away from other objects and at least 36 inches away from doors, windows or other openings to the outside. The tests only need to be placed 1 foot away from exterior walls that have no openings. It should be in the general breathing zone.
- Attic and window fans, fireplaces and wood stoves (unless they are primary heat source) should not be used for the duration of the test. They will affect air pressure in the house, which will in turn affect radon concentrations.
- Air conditioners can be used if it circulates inside air rather than bringing in air from the outside.

Test kits should NOT be placed:

- In areas exposed to direct sunlight, drafts, high heat or high humidity; or
- In kitchens, bathrooms, laundry rooms or closets, on televisions, near lamps or other sources generating heat.

How to Perform the Test

Do not open the device until you are ready to test. AccuStar recommends a 48-hour exposure with a maximum of 96 hours.

1. For Canisters: Remove the vinyl tape from the canister and remove the lid. Put the lid on the bottom of can and place the tape around to hold lid to canister. This will keep lid and tape from being misplaced. Do not allow the tape to twist or pick up foreign material. For Vials: Remove vial cap and keep for replacing when test is complete.
2. Record the Serial Numbers from the device. **RECORD THE OPEN DATE AND TIME ON THE DATA SHEET. INCLUDE AM OR PM. Sign the Data Sheet.**
3. Place device on hard surface with open side up in the selected location. Save the package for returning the device.
4. After the recommended 48 hours, close the device and replace the vinyl tape around the seams. If the vinyl tape is lost, use electrical tape to seal. For vials, replace caps securely. **Do not expose the device for more than 96 hours.** **RECORD THE CLOSE DATE AND TIME ON DATA SHEET. INCLUDE AM OR PM. Sign the data sheet. Two signatures are required.**
5. ***Provide ALL information on the Data Sheet in order to receive results. Any corrections or additions to the data sheet must be sent to us in writing, by fax or email. There is a \$20.00 service charge for same day amendments.***
6. Keep a copy of device numbers for your records and return datasheet with device to lab. Ensure mailing box is sealed.
7. **MAIL TEST KIT IMMEDIATELY. WE MUST RECEIVE DEVICE WITHIN 8 DAYS FROM CLOSING DATE AND TIME.** *Most kits mailed to lab arrive within 3-5 days. However 1st Class Mail delivery is not guaranteed. If you need guaranteed delivery we recommend that you use UPS, FEDEX or Express Mail. If delivery is delayed more than 8 days NO results will be available. AccuStar is not responsible for delivery delays and will not replace kits.*



Street Address 11 Awl Street, Medway, MA 02053 **Mailing Address** P. O. Box 158 Medway, MA 02053

Tel: 888-480-8812 Fax: 508-533-8831

Office Hours: Monday–Friday 8:30AM to 5:00PM – No Deliveries Saturday, Sunday or Holidays.

MEB# RB2032 MES# R2004

info@accustarlabs.com

Limitations of Data and Liability – We maintain all data and other information strictly confidential and will not release it to parties other than Authorized Representatives of AccuStar Labs, without specific permission from the customer except where required by law. Information may be included in reports to the public but without reference to specific names/addresses. We do not accept responsibility for financial or health consequences of subsequent action taken by our customer or his consultants as a result of this analysis and sampling. We make NO WARRANTY OF ANY KIND, EXPRESS OR IMPLIED for the consequences of erroneous test results. Neither AccuStar Labs, nor any of its employees or agents shall be liable under any claim, change or demand whether in contract, tort or otherwise, for any and all loss, cost, charge, claim demand, fee, expense or damage of any nature or kind arising out of, connected with, resulting from or sustained as a result of any radon testing requests. Test kits are analyzed by AccuStar Labs using the information provided by the customer /tester. AccuStar Labs is not responsible if correct information is not provided or if test instructions/ procedures were not followed.



FLORIDA SHORT TERM RADON TEST DATA SHEET

****Start test before expiration date on device or result will be invalid.****

All information must be provided.

Read and follow all instructions. Keep a copy of this Data Sheet for your records.

Radon Test Site

Property or Owner Name _____

Street Address _____

City _____ State ____ ZIP _____

County _____

Owner Mailing Information

Name _____

Mailing Address _____

City _____ State ____ ZIP _____

Phone _____ Fax _____

Email _____

Building and Test Site Information

Building Type: (Circle all that Apply) Residential - Non Residential - Day Care Home - Day Care Center – Foster Care Home – Public School - Private School - Other (specify) _____

Structure Type: (Circle One) Single Level Home – Multi Level Home - Mobile Home - Townhouse – Apartment
Other (specify) _____

Foundation: (Circle all that apply) Basement - Crawlspace - Slab on Grade - Other _____

Test Purpose: (Circle All That Apply) Initial Screening - Follow-Up Test - Real Estate Transaction - Post Mitigation - 5 year retest

Floor Tested: (Circle One) Basement - 1st Floor - 2nd Floor 3rd Floor **Name of Room Tested:** _____

Closed House Conditions: (Circle Two) Present at start of test? Yes - No Present at end of test? Yes - No
Cooling System at normal setting during Measurement: Yes-No Heating System at normal setting during Measurement: Yes -No

Weather: (Circle Two) Raining? Yes - No Windy? Yes - No

Temperature: (Check One or Record Actual) ☐ Cold (<65°F) ☐ Normal ☐ Hot (>75°F) Actual [____]

Humidity: (Check One or Record Actual) ☐ Dry (<25% rH) ☐ Normal ☐ Humid (>60% rH) Actual [____]

Device Serial # _____ **Serial #** _____ **Serial #** _____
(Standard Test) (Duplicate Canister if purchased) (Test Site Blank if purchased)

DO NOT OPEN

WERE THE DEVICES PLACED SIDE BY SIDE, 4 inches apart? (Circle One) Yes - No

Date Devices Opened ____/____/____ **Start time** ____:____ **AM/PM**
(Circle One)

Date Devices Sealed ____/____/____ **Stop time** ____:____ **AM/PM**
(Circle One)

**48 Hour
Exposure
Recommended**

Person Placing the Devices: _____/_____

*(Circle either Homeowner or Professional Tester) **Homeowner Signature OR Professional Tester Signature and Certification #**

Person Retrieving the Devices: _____/_____

*(Circle either Homeowner or Professional Tester) **Homeowner Signature OR Professional Tester Signature and Certification #**



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