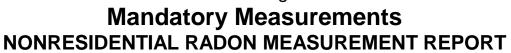


## Bureau of Environmental Health Radon Program





FOR BUILDINGS OTHER THAN SINGLE OR MULTI FAMILY DWELLING

		Page	_ of
SECTIO	N 1: FACILITY AND OWN	ER INFORMATION	
Facility Information:	<u>Owner</u>	Information:	
Facility Name (as licensed, registered, or listed wit	h state) Name of	Owner	
Physical location (Street Address) of Facility Site	Street Ad	dress	
City County	Zip City	S	state Zip
Name of Contact Person (	Phone Nu	ımber	
Title Phone N Facility type as licensed or registere		rate. I.E. A Dav Care and School at t	ne same place):
□ Assisted Living Facility (previously ACLF)     □ Alcohol, Drug Abuse or Mental Health     □ Correctional Facility or Jail     □ Day Care Center (pre kindergarden)     □ Delinquency Program (Ex: Start Center, Training	☐ Hospit Resid ☐ Nursin ☐ Public g School) ☐ Private	als (Acute Care, Physical Rehab., Psyclential Treatment) g Home/Skilled Nursing Facility School (K-12) e School (K-12)	
S	ECTION 2: BUILDING INF	ORMATION	
<del>-</del>		<del></del>	
Building Name or ID Number (If Applicable)		Address of Building (If Different From Fa	acility Site)
Buildings per address; Building	·	<del>-</del>	
Number of measurements required in this b		-	•
Cumulative number of measurements repo			ollow-up
No. of Stories, No. of Stories 0	Occupied, Age of Bu	ilding in Years (or year built)	
	CHECK ALL THAT API	<u>PLY</u>	
Foundation/Floor HVAC System: System: HVAC:	Non-ventilating HAC:	Other HVAC:	
Slab (system with fresh air in	<del>_</del>	☐ Window/Wall Unit	
☐ Crawlspace ☐ Single Zone /			
Pier return	☐ Central Ducted	☐ No Heat	
☐ Floored Basement ☐ Multiple Zone:		Other (specify)	
Bare Earth multiple return Basement	ns Space Heater		
Other(specify)			
For Official Use Only:  Date	Reviewed	Entered	
Received	Ву	Ву	

## **SECTION 3: RESULTS**

† D for	nCi/L or \//	for M/I				
<sup>‡</sup> AC-A Worl	king Level N	arbon Adsorp Monitor, EL-E	otion, AT-Alph lectret Ion Ch U, UT-Unfilte	namber Long red Alpha Tra	Term, ES-Elec	adon Monitor, CW-Continuous ctret Ion Chamber Short Term, LS-
<sup>‡</sup> AC-A Worl	Activated Ca king Level N d Scintillation	arbon Adsorp Monitor, EL-E on, RP-RPIS	lectret Ion Ch U, UT-Unfilte	namber Long red Alpha Tra <u>SECTIO</u>	Term, ES-Elec ick <u>N 4</u>	adon Monitor, CW-Continuous etret Ion Chamber Short Term, LS-
* AC-A Worl Liqui	Activated Ca king Level N d Scintillation	arbon Adsorp Monitor, EL-E on, RP-RPIS	lectret Ion Ch U, UT-Unfilte	namber Long red Alpha Tra <u>SECTIO</u>	Term, ES-Elec ick <u>N 4</u> RMED BY A RAD	ctret Ion Chamber Short Term, LS-
* AC-A Work Liqui	Activated Ca king Level N d Scintillation	arbon Adsorp Monitor, EL-E on, RP-RPIS	lectret Ion Ch U, UT-Unfilte	namber Long red Alpha Tra <u>SECTIO</u>	Term, ES-Elec ick <u>N 4</u> RMED BY A RAD	on MEASUREMENT BUSINESS
* AC-A Work Liqui	Activated Caking Level Notes of Scintillation  COMPLE Business and Ce	arbon Adsorp Monitor, EL-E on, RP-RPIS	lectret Ion Ch U, UT-Unfilte	namber Long red Alpha Tra <u>SECTIO</u>	Term, ES-Electick  NA 4  RMED BY A RAD  Name of Spec	on MEASUREMENT BUSINESS
* AC-A Work Liqui	COMPLE  Business and Ce	arbon Adsorp Monitor, EL-E on, RP-RPIS TE ONLY IF M	lectret Ion Ch U, UT-Unfilter	samber Long red Alpha Tra SECTIO S ARE PERFOR	Term, ES-Electock  N 4  RMED BY A RAD  Name of Spec	on MEASUREMENT BUSINESS
* AC-A Work Liqui	COMPLE  COMPLE  COMPLE  COMPLE  COMPLE  COMPLE	arbon Adsorp Monitor, EL-E on, RP-RPIS  TE ONLY IF M  ertify that the	EASUREMENT Radon meas	SECTIO S ARE PERFOR	Term, ES-Electock  N 4 RMED BY A RAD  Name of Spec	ON MEASUREMENT BUSINESS ialist and Cert. No.  FEMPLOYED BY THE FACILITY ave been performed in accordance

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