



Rocky Mountain Radon Control, LLC

A Colorado limited liability company

8156-E South Wadsworth Blvd #366 (UPS Store)

Littleton, CO 80128

303-980-1961

Radon Gas Test Kit Instructions

1. 12 hours before and during the test period, doors and windows should be closed, except for normal entry and exit.
2. Room air conditioners, attic fans, including window, bathroom, kitchen and air exchange systems which mix outside air should not be in operation.
3. Central air conditioning and furnace operation is permissible.
4. *Testing period will not be less than 48 hours, and not exceed 120 hours or 5 days.*
5. Do not test if severe storms (over 25 miles/hour winds) are predicted during measurement period.

Choosing a location

1. Canister placement should be in lowest livable area of the building.
2. Place canister at least 20 inches above the floor and at least 4 inches from objects.
3. Do not place canister close to outside walls, near drains, sump pumps, in drafts, excessive heat, sunlight, high humidity, nor in kitchen, bathroom, laundry room, porch or crawlspace.
4. Canister should not be disturbed during measurement.

Opening Canister Test

1. Remove tape and lid from canister so that the screen is facing up. Save tape and lid to reseal canister.
2. *Write down on the back of this sheet the DATE and TIME the canister cover is removed.*
3. After a minimum of 48 hours and no more than 120 hours replace lid and reseal tape around lid seam. If tape is lost, only use vinyl tape, no other.
4. *Don't forget to write down the closing DATE and TIME.*
5. **IMPORTANT: DO NOT WAIT TO MAIL! FIRST CLASS MAIL ONLY!** Lab must receive canister within 4 days of closing the canister lid or the test is not good.
6. A report of the air sample taken for radon gas in pCi/l will be mailed to the customer immediately after we analyze the canister.

PLEASE FILL IN ALL INFORMATION ON THE BACK OF THIS SHEET AND MAIL FORM WITH CANISTER IMMEDIATELY.

Environmental Protection Agency RPP ID: 2294900/180610T (Don Bronson, Member of RMRC) National Environmental Health Association certification ID: 101098 AL1/100307RT



FORM MUST BE FILLED OUT COMPLETELY
OR REPORT MAY NOT BE GENERATED

Name _____
Address Tested _____
City _____ State _____ Zip _____
Phone# _____
Fax# _____

***Start Date _____ / _____ / _____ Time _____ AM/PM
 month day year
***Stop Date _____ / _____ / _____ Time _____ AM/PM
 month day year

Location of canister in building _____
Canister # _____ Pre-test _____ Post-test _____
Real estate trans. _____ General _____ Other _____

Write down below name and address results should be mailed to if different from testing address above.

Name _____
Address _____
City _____ State _____ Zip _____

Client Agrees Rocky Mountain Radon Control, llc. (RMRC) is not responsible for the improper use or placement of canisters. RMRC does not accept responsibility for health or financial consequences of subsequent action taken by the client or its consultants based on these results. Reliability of the results may be subject to marked variability. RMRC's liability is limited solely to the cost of the canisters provided. A \$5.00 charge will be charge will be accessed if form needs to be reprinted due to unread ability or misinformation.

Client Signature _____
Printed Name _____ Date _____

