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| **SECTION A - Send This Report To:** |
| Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| City: | Click here to enter text. |
| State: | Click here to enter text. |
| Zip: | Click here to enter text. |
| Phone: | Click here to enter text. |
| Email: | Click here to enter text. |

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| **SECTION B - Testing Site Address:****(Complete Only If Different From Section A.)** |
| Address: | Click here to enter text. |
| City: | Click here to enter text. |
| State: | Click here to enter text. |
| Zip: | Click here to enter text. |

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| **SECTION C - Testing Site Information:** |
| Click here to enter text. | Year building was built. |
| **(Check the statements that apply to this building.)** |
| [ ]  This test will be used for a real estate transaction. |
| [ ]  People who use tobacco live/work in this building. |
| [ ]  This building has been tested for radon before. |
| [ ]  This building was built radon resistant. |
| [ ]  This building has a radon mitigation system. |
| [ ]  This building has a sump pit. |
| [ ]  There is a cistern or well in the basement. |
| The heating system for this building is:[ ]  Gas [ ]  Oil [ ]  Electric [ ]  Other (Wood, Etc) |
| [ ]  This building has heating vents. |
| [ ]  This building has an energy efficient furnace and/or an air exchanger. |
| Part of the building has a: [ ]  Cement Slab [ ]  Basement Crawlspace[ ]  Basement  |
| The basement is a:[ ]  Walkout [ ]  Below Grade |
| The walls of the basement are:[ ]  Block Concrete [ ]  Poured Concrete[ ]  Stone [ ]  Wood |
| The floor of the crawlspace or basement is:[ ]  Cement [ ]  Other (Soil, Rock, Plastic) |
| [ ]  The basement is used more than two hours daily. |

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| **SECTION D – Use Agreement:****(Check boxes below upon review)** |
| [ ]  To the best of my ability, I agree to test for radon according to the manufacturer’s directions. |
| [ ]  I understand that according to Minnesota’s Data Practice laws, all information gathered from this form and the test result must be considered public data and be provided upon request. |

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| **OFFICE USE ONLY** |
| Radon Kit Number: |  |
| Date Kit Issued: |  |
| Follow-Up Date(s): |  |
| Test Type:  | □ Initial □ Retest □ Duplicate |
| Test Protocol: | □ Short-Term □ Long-Term |
| County: | □ Fillmore (23) □ Houston (28) □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| County ID Number: | Township Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_T\_\_\_\_\_ R\_\_\_\_\_ S\_\_\_\_\_ |
| Kit Placement: | □ Basement □ 1st □ 2nd |
| Radon Test Result: |  |
| Testing Period: | Start Date\_\_\_\_\_\_ Start Time\_\_\_\_\_\_Stop Date\_\_\_\_\_\_ Stop Time\_\_\_\_\_\_ |
| Follow-Up Guidance: | □ Short-Term □ Long-Term□ Mitigation |