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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 | |