



Environmental Health Division
Radon Testing Form

Detector Bar Code # _____
(located on bottom of detector)

Name _____ Telephone # _____

Physical Address of Property Being Tested (required for results)

Street _____

Town _____ State VT Zip _____

Radon Measurement Dates (from) _____ / _____ / _____ (to) _____ / _____ / _____

Location (floor level) of Kit Basement 1st Floor 2nd Floor

Location (room) of Kit

- | | | | |
|---|---------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Living room | <input type="checkbox"/> Dining room | <input type="checkbox"/> Bedroom | <input type="checkbox"/> Guest/Spare |
| <input type="checkbox"/> Family/TV/Playroom | <input type="checkbox"/> Study/Office | <input type="checkbox"/> Basement | <input type="checkbox"/> Other |

Average # of hours spent in room < 10 / week 10 - 30 / week 30+ / week

Basement Description

- Dirt Crawlspace Unfinished (ex. concrete) Finished (ex. drywall)

Type of Water Supply Public / Municipal Private / Well

Has this property been tested for radon before? Yes No

If yes, what were the results of the last test? _____

Was a radon reduction (mitigation) system installed? Yes No

Is this a new construction with a radon reduction system installed? Yes No

Was the property tested built before 1978? Yes No

How many years have you lived at this location? _____

How many people currently live at this location? _____

Where should results be sent?

Physical address (noted at the top of this form)

Email address: _____

Mailing address: Street _____

Town _____ State _____ Zip _____

Please submit completed form and canister to:

VT Dept of Health, Radon Program
Environmental Health Division
108 Cherry Street, PO Box 70
Burlington, VT 05402

phone: 1-800-439-8550

fax: 802-863-7483

e-mail: radon@vermont.gov

website: healthvermont.gov/radon