



DEPARTMENT OF HEALTH

**Environmental Health Division
Radon Testing Form**

Canister Barcode # _____
(located on side of canister)

Name _____ **Telephone #** _____

Physical Address of Property Being Tested (This is required to get your results.)

Street _____

Town _____ **State** VT **Zip** _____

Radon Measurement Dates (start) _____ / _____ / _____ (end) _____ / _____ / _____

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

Location (room) of Kit: Living room Dining room Bedroom

Basement Other: _____

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 new construction with a radon reduction system installed? Yes No

Where should results be sent?

Physical address (that you wrote in at the top of this form)

Mailing address:

Street _____

Town _____ **State** _____ **Zip** _____

Please return 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