**Environmental Health Division**  
**Radon Testing Form**

**Canister Barcode # ________________**  
*(located on side of canister)*

**Name ________________________________**  
**Telephone # ________________________**

**Physical Address of Property Being Tested** *(required for 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  
- [ ] Guest/Spare  
- [ ] Family/TV/Playroom  
- [ ] Study/Office  
- [ ] Basement  
- [ ] 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 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 ________________**

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**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