



QUARTERLY RADON MEASUREMENT REPORT
BY A MEASUREMENT BUSINESS
for Public and High Priority Buildings

Report for Quarter Ending (check one) [] 3/31 [] 6/30 [] 9/30 [] 12/31

Radon Measurement Business Information

Business Name
Street Address City, State, Zip Code
Mailing Address (if different from above)
Phone RI License # RMB -

Results (report additional results on subsequent pages)

Building Name
Street Address City, State, Zip Code
Consultant Name RI License # RMC -
Analytical Service Name RI License # RAS -
Measurement Type (check one) [] Screening [] Follow Up Test Date

Table with 5 columns: Floor, Room, Device (see key), Result (pCi/L), Test Length (hrs or days). Multiple empty rows for data entry.

Certification

I hereby certify that the radon measurements reported herein have been performed in accordance with the Rhode Island Rules and Regulations for Radon Control [R23-61-RC] and that all information contained herein, including any supplements attached hereto, are true and correct to the best of my knowledge and belief.

Print Name Signature RI License # Date
Title Phone

Submission Information

Rhode Island Department of Health
Healthy Homes & Environment Team - Radon Control Program
3 Capitol Hill, Room 206, Providence, RI 02908-5097
David Spink, 401-222-7756, David.Spink@health.ri.gov
www.health.ri.gov/radon

