



**Rhode Island Department of Health
Center for Healthy Homes and Environment—Radon Control Program**
3 Capitol Hill, Room 206
Providence, Rhode Island 02908

Radon Test Results for Residential Buildings

Report for quarter ending (check one): March 31 June 30 September 30 December 31

Year: _____

Radon Testing Business Information

Business Name: _____ RIDOH License No.: _____
 Street Address: _____ City/State/ZIP: _____
 Email: _____ Phone: _____

Radon Test Results

Radon test results must be reported on the following pages and include the below information. Include as many pages as necessary to report all results. Total number of pages: _____

- Facility/Building Name (if applicable)
- Property Address
- Radon Inspector Name and RIDOH License No.
- Radon Analytical Service Name and RIDOH License No.
- Test Type (Real Estate Transaction, Post-Mitigation, Other)
- Test Start Date and End Date
- Test Location (floor, room/area)
- Test Method/Device (see key)
- Test Result (specify pCi/L or WL)

Certification

I hereby certify that all radon test results attached hereto were performed in accordance with the *Rules and Regulations for Radon Control (216-RICR-50-15-2)* and that all information contained herein, including any supplements attached hereto, are true and correct to the best of my knowledge and beliefs.

I hereby certify that no radon testing was performed during this reporting quarter.

Print Name	Title	RIDOH License No.
Signature	Date	
Email	Phone	

Submit completed report to: **Email: doh.radon@health.ri.gov**
Fax: 401-222-2456 or 401-222-2579

Questions can be directed to the Radon Program at doh.radon@health.ri.gov or 401-222-7796.

Facility/Building Name (if applicable): _____

Street: _____ City/State/ZIP: _____

Inspector Name: _____ RIDOH License No.: _____

Analytical Service Name: _____ RIDOH License No.: _____

Test type (check all that apply): Real Estate Transaction Post-Mitigation Other (specify) _____

Test Start Date	Test End Date	Floor	Room/Area	Method/Device (see key)	Result (pCi/L or WL)

Facility/Building Name (if applicable): _____

Street: _____ City/State/ZIP: _____

Inspector Name: _____ RIDOH License No.: _____

Analytical Service Name: _____ RIDOH License No.: _____

Test type (check all that apply): Real Estate Transaction Post-Mitigation Other (specify) _____

Test Start Date	Test End Date	Floor	Room/Area	Method/Device (see key)	Result (pCi/L or WL)

Facility/Building Name (if applicable): _____

Street: _____ City/State/ZIP: _____

Inspector Name: _____ RIDOH License No.: _____

Analytical Service Name: _____ RIDOH License No.: _____

Test type (check all that apply): Real Estate Transaction Post-Mitigation Other (specify) _____

Test Start Date	Test End Date	Floor	Room/Area	Method/Device (see key)	Result (pCi/L or WL)

KEY	ATD	CA	CLS	CRM	EIC	RPISU	WLM	RW
Testing Method/Device	Alpha Track Detector	Charcoal Adsorption Device	Charcoal Liquid Scintillation Device	Continuous Radon Monitor	Electret Ion Chamber	Radon Progeny Integrating Sampling Unit	Working Level Monitor	Water

Include as many pages as necessary. Indicate the number of pages included on the cover page.

