



Bureau of Environmental Health  
 Radon Program  
**Monthly Report**  
**for Certified Radon Businesses**  
**RESIDENTIAL MEASUREMENT REPORT**



Month of \_\_\_\_\_, 20\_\_\_\_

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\_\_\_\_\_  
 Name of Measurement Business & Certificate No.

\_\_\_\_\_  
 Name of Measurement Specialist & Cert. No

\_\_\_\_\_  
 Spec. Init.

**BUILDING INFORMATION**

Buildings per address \_\_\_\_, Building No. \_\_\_\_ of \_\_\_\_ measured

\_\_\_\_\_  
 Street Address of Building (physical location – mailing address)

\_\_\_\_\_  
 City

\_\_\_\_\_  
 County

\_\_\_\_\_  
 Zip

**Check All That Apply**

Type of Building:

Unattached:

- Mobile Home,
- Single Level,
- Multi Level

Attached:

- Row House (Town House,  
Duplex, Side by Side living units)
- Single Level,
- Multi Level
- Apartment (Condominium,  
over/under living units)
- Other (specify): \_\_\_\_\_

Foundation/Floor System:

- Slab
- Crawlspace
- Pier
- Basement
- Other (specify): \_\_\_\_\_

\_\_\_\_\_  
 No. of Stories,

\_\_\_\_\_  
 No. of Stories  
 occupied

\_\_\_\_\_  
 Year built

**RESULTS**

\_\_\_\_\_  
 Name of Certified Person who performed Measurement (Placed Device)

\_\_\_\_\_  
 Certificate No.

Dates of Measurement: FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time In Hours: \_\_\_\_ : \_\_\_\_

Measurement Type: Real estate:  Simultaneous,  Sequential,  Continuous Monitor  
 Initial short term,  Short term follow-up,  Long term follow-up  
 Pre-mitigation,  Post-mitigation,  Special (Other): \_\_\_\_\_

<u>Story</u>	<u>Apt/Room</u>	<u>Result<sup>†</sup></u>	<u>Device<sup>‡</sup></u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Story</u>	<u>Apt/Room</u>	<u>Result<sup>†</sup></u>	<u>Device<sup>‡</sup></u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<sup>†</sup>in pCi/L or WL (P or W); <sup>‡</sup>AC-Activated Carbon Adsorption, AT-Alpha Track, CR-Continuous Radon Monitor, CW-Continuous Working Level Monitor, ES-Electret Ion Chamber-Short Term, EL-Electret Ion Chamber-Long Term, LS - Liquid Scintillation

**ADDITIONAL BUILDING INFORMATION**

Buildings per address \_\_\_, Building No. \_\_\_ of \_\_\_ measured

Street Address of Building (physical location – mailing address) \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**Check All That Apply**

Type of Building:

Unattached:

- Mobile Home,
- Single Level,
- Multi Level

Attached:

- Row House (Town House, Duplex, Side by Side living units)
- Single Level,
- Multi Level
- Apartment (Condominium, over/under living units)
- Other (specify): \_\_\_\_\_

Foundation/Floor System:

- Slab
- Crawlspace
- Pier
- Basement
- Other (specify): \_\_\_\_\_

\_\_\_\_\_ No. of Stories

\_\_\_\_\_ No. of Stories occupied

\_\_\_\_\_ Year built

**RESULTS**

Name of Person who performed Measurement (Placed Device) \_\_\_\_\_ Certificate No. \_\_\_\_\_

Dates of Measurement: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ Time In Hours: \_\_\_\_\_:

- Measurement Type: Real estate:  Simultaneous,  Sequential,  Continuous Monitor
- Initial short term,  Short term follow-up,  Long term follow-up
- Pre-mitigation,  Post-mitigation,  Special (Other): \_\_\_\_\_

<u>Story</u>	<u>Apt/Room</u>	<u>Result<sup>†</sup></u>	<u>Device<sup>‡</sup></u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Story</u>	<u>Apt/Room</u>	<u>Result<sup>†</sup></u>	<u>Device<sup>‡</sup></u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<sup>†</sup>In pCi/L or WL (P or W); <sup>‡</sup>AC-Activated Carbon Adsorption, AT-Alpha Track, CR-Continuous Radon Monitor, CW-Continuous Working Level Monitor, ES-Electret Ion Chamber-Short Term, EL-Electret Ion Chamber-Long Term, LS - Liquid Scintillation

Upon completion of this form, send to:  
**Department of Health**  
**Bureau of Environmental Health / Radon**  
**Program 4052 Bald Cypress Way, Bin #A08**  
**Tallahassee, FL 32399-1720**

You may **scan** the report and **email** it to: RadonReports@FLhealth.gov