



EMSL Analytical, Inc.
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Radon In Air Data Sheet

Send Written Report To:

Name _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____ Fax _____
 Email _____
 Technician Name _____
 Technician Certification # _____
 Technician Signature _____

1st DEVICE NUMBER _____

LOCATION

- Basement First Floor Bedroom Den
 Living Room Other _____
 Location in Room _____

2nd DEVICE NUMBER _____
 (If Purchased)

Property Tested:

Name _____
 Address _____
 City _____
 Municipality _____ County _____
 State _____ Zip _____
 Technician Certification # _____
 Check here if this is a Post Mitigation test.

INDOOR CONDITIONS

Temperature _____°F Humidity _____ %

EXPOSURE PERIOD

Beginning Date: ____/____/____

Time: _____ AM / PM (Circle)

Ending Date: ____/____/____

Time: _____ AM / PM (Circle)

DISCLAIMER

In no event shall EMSL be liable for indirect, special, consequential, or incidental damages, including, but not limited to, damages for loss of profit or goodwill regardless of the negligence (either sole or concurrent) of EMSL and whether EMSL has been informed of the possibility of such damages arising out of or in connection with EMSL's services thereunder or the delivery, use, reliance upon or interpretation of test results by client or any third party. We accept no legal responsibility for the purposes for which the client uses the test results. In no event shall EMSL be liable to a client or any third party, whether based upon theories of tort, contract or any other legal or equitable theory, in excess of the amount paid to EMSL by client thereunder.

The test device must remain open for 48 to 96 hours • Return this form with the test device to the laboratory: