

Instructions for deploying and retrieving charcoal canisters – READ THESE!

When you are ready to begin the test, remove the label from the top of the can and place it on the bottom. You will need it to reseal the can after the test is ended so this way you can reuse the label. If you do not do this correctly, I will have to void the test.

1. The canister shall be placed on a surface at least 20" above the floor, 1' away from the exterior walls, 3' from doors and windows, 7' away from sump pits, and with the top at least 4" from other objects in the test location. *Refer to Title 25 of the PA Code Chapter 240.310.* The HVAC shall be operated normally.
 If this is done by a certified tester the testing is required to be done in each lowest livable level of each structural zone that contacts soil. Most Citizens testing their own houses will test in the lowest lived in areas. Post mitigation tests are done in the same place as the initial test was done.
 You may also reference the Citizens Guide to Radon or the Home Buyers and Sellers Guide to Radon. .
 ❖ In many houses, this lowest livable area is the basement if it is livable or if it can be converted into living space without major modification. Bathrooms, kitchens, laundry rooms, hallways, stairwells, root cellars, garages, crawl spaces, or sumps are not suitable test locations.
2. **Keep the doors closed except for normal entry and exit. Keep the windows closed.**
3. Fill in the info below - especially "**Location**" and the "**Date/Time opened**".
 Keep this page handy for additional data entries at the end of the test period.
4. **At the end of the exposure period (2 days (at least 48 hrs) to 7 days) reseal the can.**
5. Fill in the rest of the information requested below, especially the "**Location**" and the "**Date/Time closed**"

Return this page together with the canister to:

#1 Radon Tester, LLC 122 West 5th Avenue Derry, PA 15627 724-774-4535. PA DEP lab # 2258 ←

Mail it back that day or the next please. *No need to go overboard with postage or next day delivery – it will get here*
If I do not have it back by the 8th day after you close it, I have to void the test.

Print clearly please

Owner/Occupant/Client: _____

Phone and email address: _____

Test location address + 4 on the zip code : _____

Include county

Detector placed and retrieved by: _____

Comments about closed house, weather conditions, protocol deviations, moisture or other observations: _____

The following measurements were made with:

Detector serial#	Area tested	<u>Start date/opened</u>	<u>Start time am/pm</u>	<u>Stop date/closed</u>	<u>Stop time am/pm</u>
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1)

2)

Type of house: ranch, 1 story, 2 story or more, multi-level, split entry, underground, multifamily unit.

What is the **foundation type where device is placed:** basement, slab on grade, room above crawlspace, room above basement or above garage Crawl Space or window **vents** Open/closed/ N/A

Comment: _____

Temperature in area: _____ **Source of water:** city or well **Water treatment system:** Y or N

Air treatment system: Y or N _____ **Radon mitigation system:** Y or N Active or Passive

Circle all that apply

Reason for test: _____