

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. **The building needs to be closed at least 12 hours before you begin this test and remain closed until it is completed except for normal entry and exit.**

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. The HVAC shall be operated normally. *Refer to Title 25 of the PA Code Chapter 240.310.*

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. <https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/025/chapter240/chap240toc.html>

Short term Real Estate tests – using these cans shall be duplicates or 2 cans side by side placed in the *lowest livable* area of the basement if it is livable meaning converted into living space without major structural change. The state believes that all short term tests shall be duplicates. Please read PA Code for your own protection.

You should be providing the Citizens Guide to Radon or the Home Buyers and Sellers Guide to Radon. I will email the customer the Radon Reduction Guide with the report when a test is elevated.

- A citizen testing their own house normally tests in the *lowest lived in areas*; places where you spend most of your time.
- Post Radon Gas Mitigation tests are required to be done in the same place as the initial test.
- Bathrooms, kitchens, laundry rooms, hallways, stairwells, root cellars, garages, crawl spaces, or sumps are not suitable test locations. Testing in these locations may be done for diagnostic purposes-to help locate a point of entry.

2. **Explain to the client or occupant to Keep the doors closed except for normal entry and exit and keep the windows closed. Review the closed house agreement form and get it signed. Place door/can signs.**

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 reseal the can. 2 full days at a minimum with closed conditions prior to and during with a max of 7 days.**

5. **Fill in the rest of the information requested below, especially the "Location" and "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 If you need a box the post office has free flat rate Priority Mail boxes that work great, comes with tracking and it's a sturdy box. You will have to pay for postage. **Lastly**, If I do not have it back by the 8th day after you reseal it I have to void the test. Mail it back that day or the next please. *No need to go overboard with postage or next day delivery; it will get here. Print clearly to avoid errors on your report.*

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: _____

Detector serial# Area tested Start date/opened Start time am/pm Stop date/closed Stop time am/pm

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 Are crawl space, fireplace damper or window **vents:** Open/closed/ N/A

Temperature in test 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

Reason for test: _____

Comment: _____