RELOOLOGY RADON FIELD FORM

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ReloOlogy File:

Inspectors Name:	**Test Details**
Inspectors Lic.#:	Start date: Stop date:
Inspector phone #	Start time: Stop time:
City/State/Zip:	Start weather:
	Stop Weather:
TEST LOCATION	**Start** **Stop**
Owners name:	Outside temp: Outside Temp:
Test address:	Inside temp: Inside Temp:
City/St/Zip:	Compliance signed? Yes ☐ No ☐
Access phone:	Structure Occupied? Yes ☐ No ☐
	People present at start of test:
	Radon test results: **pCi/l**

PURPOSE OF THIS INSPECTION REPORT

TO PROVIDE A PROFESSIONAL OPINION OF A STRUCTURE'S RADON LEVEL AS OF THE DATE OF INSPECTION, LIMITED TO THE CONDITIONS IDENTIFIED IN THIS REPORT.
(SEE PAGES 2-3 FOR ADDITIONAL INFORMATION REGARDING TEST EQUIPMENT USED AND PROTOCOLS OBSERVED).

1. When scheduling the appointment, inform the occupant that screening protocols require all doors and windows should be closed 12 hours before and during the entire test period.
2. Upon arrival at the house, inspect to make sure all windows; doors and operable crawl space vents are shut before you start the test. Report on page three if vents are normally left open all year. If house is not closed be sure to add 12 hours to the testing period.
3. Confirm with occupant that all doors and windows were closed 12 hours before your arrival. Present the occupant with the Declaration of Voluntary Compliance form and request signature. Leave one copy for household reference.
4. If an active mitigation system has been installed, check the installation to make sure that all mitigation standards are met. Most buyers will not accept mitigation efforts that could easily be defeated (i.e. tape or plastic bags over cracks, sumps or drains). Include a photograph whenever necessary to facilitate understanding of questionable mitigation work. If you have any questions about mitigation efforts or test conditions call the office. Note fan and suction locations also.
5. Fill out this inspection form completely.
6. Test home under normal operating conditions and temperatures (65-80 degrees F)
   "Radon Test In Progress" signs should be posted on all exterior doors. Use "certification seals" to secure test device(s) all windows. Carefully inspect seals at conclusion of test to make sure they have not been disturbed.
   If the word "VOID" is visible on the entire length of any seal, note this condition on page 2.

LIMITATIONS OF LIABILITY

RELOOLOGY Inspection Services cannot be assured the necessary conditions were maintained during the test period. There can be uncertainty with any radon measurement due to statistical variations and other factors such as changes in the weather and operation of the dwelling. While we, and our agents make every effort to maintain the highest possible quality control and include checks and verification steps in our procedures, we make NO WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED, for the consequences of erroneous test results. RELOOLOGY Inspection Services nor its employees or agents shall be liable under any claim, charge or demand, whether in contract, tort, or otherwise, for any and all loss, cost, charge, claim, demand, fee, expense or damage of any nature or kind arising out of, connected with, resulting from, or sustained as a result of any radon test unless specifically covered by an optional radon mitigation service contract

TYPE OF TESTS PERFORMED

Continuous Monitor Used:

☐ Femto-Tech R210 ☐ Femto-Tech RS410 ☐ Femto-Tech CRM510

☐ Sentinel CR210 ☐ Honeywell Pro ☐ Pylon AB5 ☐ Other:

Serial # **Date of last calibration:**

Screening Results: **Screening Results Based On:** ☐ CRM ☐ Passive Device(s)

Passive Device(s) Used: ☐ charcoal canister ☐ electret

Test Device Location(s):

Type	Location Tested	Serial #	Results in pCi/l	Non-Interference Controls	Comments
☐ CRM					
☐ Passive Device #1					
☐ Passive Device #2					
☐ Grab Location #1					
☐ Grab Location #2					

Do hourly results of CRM appear normal? ☐ yes ☐ no

PROTOCOLS OBSERVED

Was house closed 12 hours before start of this test? ☐ yes ☐ no If no, please comment:

Were windows and doors closed at end of test? ☐ yes ☐ no If no, please comment:

Screening device placed away from drafts & heat? ☐ yes ☐ no | 4" of clearance around the screening device? ☐ yes ☐ no

Was screening device placed at least 20" above floor, 1ft from exterior walls, and 3ft from exterior openings? ☐ yes ☐ no

Were sustained wind speeds >30mph experienced during this test? ☐ yes ☐ no

Did rainfall exceed one-half inch during this test? ☐ yes ☐ no

Were certification seals installed on all windows? ☐ yes ☐ no | Seals installed on ventilation devices? ☐ yes ☐ no ☐ n/a

Seals installed on non-essential doors? ☐ yes ☐ no ☐ n/a | Were any certification seals disturbed? ☐ yes ☐ no ☐ n/a

Certification comments:

Was an active mitigation system in operation during the entire test? ☐ yes ☐ no ☐ no system present

If this is a new mitigation system, was it operating 24 hours before the test started? ☐ yes ☐ no ☐ n/a

Additional comments:

HOUSE CHARACTERISTICS

Approx. age of home: years Style: ☐ Ranch ☐ 2-Story ☐ Bi-Level ☐ Tri-Level ☐ Condo ☐ Other

Foundation Style: ☐ slab ☐ basement ☐ crawl ☐ combo bsmt/crawl

If basement: ☐ totally finished ☐ partially finished ☐ unfinished Walls? ☐ block ☐ poured ☐ field stone ☐ brick

If crawl, are vents present? ☐ yes ☐ no Closed during test? ☐ yes ☐ no If no, are they open year around? ☐ yes ☐ no

Vapor barrier present in crawl? ☐ yes ☐ no Vapor barrier covers % of ground

Tightness of home? ☐ very tight ☐ moderate ☐ leaky Number of fireplaces?

Are there any thermostatically controlled attic fans that could depressurize the attic cavity? ☐ yes ☐ no

Is there a Jenn-Aire style range in the kitchen? ☐yes ☐no Does the home use well water? ☐ yes ☐ no

HVAC system:					
	☐ forced air gas	☐ forced air electric	☐ heat pump	☐ baseboard electric	☐ hot water boiler
	☐ oiled fired furnace	☐ geothermal	☐ solar	☐ other	
	☐ central air	☐ humidifier	☐ electronic air cleaner	☐ high efficiency air cleaner	

Was the furnace fan operated in the "automatic" mode during the test? ☐ yes ☐ no ☐ n/a

Are there any window air conditioning units? ☐ yes ☐ no How many?

Return vents in basement? ☐ yes ☐ no Swamp Cooler? ☐ yes ☐ no

Potential Radon Entry Points: ☐ cracks in walls & floors ☐ sump pit ☐ "french drain" ☐ floor drain(s) ☐ exposed soil

Comments:

MITIGATION INFORMATION

Have mitigation steps been performed in this home? ☐ yes ☐ no ☐ none observed

Work done by: ☐ Home owner ☐ contractor

☐ cracks sealed	☐ soil covered in crawl	☐sump pit covered	☐ walls or floor painted	☐ passive stack

☐ crawl vents fixed open ☐ other Does work appear to be neat and of a permanent nature? ☐ yes ☐ no

If no please explain:

Active Mitigation:				
	☐ Sub-slab suction	☐ Sump pit suction	☐ Sub-membrane suction	☐ Block wall ventilation
	☐ hrv	☐ Return air ventilation	☐Other	Date of installation:

Contractor Name: Contact: Phone:

Contractor Address: City/State/Zip:

Is mitigation system properly labeled? ☐ yes ☐ no Does fan wiring meet local code requirements? ☐ yes ☐ no ☐ n/a

Fan Manufacturer: Model #

Fan Location: ☐ outside above ground ☐ outside buried ☐ attic ☐ living space ☐ crawl space ☐ Other

Is exhaust 10 ft above ground and away from windows, doors or breathing zones? ☐ yes ☐ no If no please comment below

System failure indicator: ☐ U-tube manometer ☐ pressure switch ☐ magnhelic gauge ☐ none present ☐ other

If installed after October 1989, does work appear to meet EPA mitigation standards or guidelines as of the date of installation?
☐ yes ☐ no

Mitigation system comments:

Declaration of Voluntary Compliance

As the responsible party for the test location listed below, I hereby acknowledge that EPA radon test requirements have been explained to me and I have received a copy of EPA publication 402-R-93-003, "Home Buyer's and Seller's Guide to Radon". I further understand that potential purchasers and/or lenders will be making important decisions pending the outcome of this test. Given this information I hereby certify that:

(1) I have kept this house closed (except for normal entry and exit) for approximately _____ hour(s) prior to the start of this test.
(2) I agree to keep all doors shut during the entire test period except for normal entry and exit (less than one minute per event). I understand that certification seals** have been installed on windows and non-essential doors to verify these openings remained shut during the test.
(3) I will not knowingly alter the test environment in any way including, but not limited to, raising or lower the thermostat(s) or changing hvac fan controls.
(4) I will not tamper with, remove or change the location of the test device(s).
(5) I will report any circumstances that occur during the test that may alter or influence the final results.
(6) I agree to pay for the cost of retesting in the event I knowingly violate any of these conditions.
(7) If I have any questions about this test I will contact the testing firm immediately

** *EPA testing protocols recommend the use of certification seals for all real estate radon tests. In certain cases the technician may use electronic sensors to allow normal use of exterior doors.*

Test Address

Occupant or Responsible Party	Technician RMP ID#
Signature Date	Signature Date

Technician Instructions: Leave one copy of this form with Occupant or responsible party and return one copy to office.

Sketch of Screening Device Test Location(s)

Note: **Note: EPA Protocols require that "the exact location of the device, on a diagram of the room and building If possible", be documented for each screening test.**

Please provide sketch of test device locations and other features using following legend:

CRM | Charcoal Canister | Sump Pit | Floor Drain | Furnace | Washer | Dryer | Crawl Space | Stairway

Client:

RELOOLOGY INSPECTION SERVICES

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