LONG-TERM RADON GAS TEST KIT

SELECTING THE TEST LOCATION
According to the EPA, radon testing should be conducted in the lowest lived-in area of your home that is regularly used for 8-10 hours per day. Make sure your test location is a room where the ***PRO-LAB®*** **Long-Term Radon Gas Detector** will not be exposed to drafts from vents, doors or windows. Do not place the detector in a kitchen, bathroom, crawl space, furnace room, closet, or laundry room. Do not place the detector in direct sunlight or near any heat source such as a fireplace or heater.

BEGINNING TEST
When you are ready to begin the test, cut or tear open the clear bag that contains the black detector. As soon as you open the bag the detector is "on" and the test has begun.

PLACE THE RADON DETECTOR
Hang or place the detector at least three feet away from exterior doors or windows and at least two feet off the floor. Leave the detector in place and undisturbed for three to twelve months.

FILLING OUT THE PRO-LAB® LONG-TERM RADON INFORMATION FORM
Record the radon detector serial number, test location, the date you started the test. After filling out this information, detach the radon information form and put it into a safe place. You will need the information form in order to complete the test.

ENDING THE TEST
Record the date the test ended on the ***PRO-LAB®*** **Long-Term Radon** Information Form. Make sure your information form is now completely filled out including the other required information such as your name, address, etc. If you leave out any information, your detector cannot be analyzed.

STANDARD LAB RESULTS
Place the ***PRO-LAB®*** **Long-Term Radon Gas Detector**, along with the information form and a check, money order (made payable to ***PRO-LAB®***) or a credit card payment for $40.00 (Visa, MasterCard, AMEX, or Discover only) in the enclosed pre-paid postage envelope to PRO-LAB® P.O. Box 267730, Ft. Lauderdale, FL 33326-9914, within 24 hours of the completion of the test. Within 3 weeks after ***PRO-LAB®*** has received your Long-Term Radon Gas Detector, we will send you an easy to read evaluation of the exact radon gas level in your home or office.

Special Note: NJ residents please add an additional $20.00 PRO-LAB is required to pay an administration fee to NJDEP for radon tests conducted in NJ.

For questions or more information call 954-384-4446

Cut along dotted line

MUST BE RETURNED TO ***PRO-LAB®*** #RL116

LONG-TERM RADON TEST INFORMATION FORM

Name
Street Address
City State Zip
Phone:
Email:

EMAIL ADDRESS REQUIRED FOR RESULTS

Tester Signature NJ Certification ID# (NJ Inspectors ONLY)

Person Placing Devices Person Retrieiving Devices

LONG-TERM RADON SAMPLE

Room Tested:

Building Type:	❑Residential	❑Non-Residential	❑Day Care	❑School
Structure Type:	❑Basement	❑Crawl Space	❑Slab on Grade	❑Other
Test Purpose:	❑Initial Screening	❑Real Estate Transaction		❑Other
Floor Tested:	❑Basement	❑First Floor	❑Second Floor	❑Other

Detector Serial #:
Test **START** Date / / Test **END** Date / /

TEST LOCATION: *(If different than above)*

Name
Street Address
City State Zip

❑ If you are not interested in receiving additional information about other products, please check here.

PAYMENT FORM

❑ STANDARD LONG-TERM RADON GAS LAB RESULTS ($40) _____

❑ **NEW JERSEY RESIDENTS REQUIREMENT** _____
NJDEP RADON PROGRAM ADMINISTRATIVE FEE (ADD $20)

TOTAL $ _____

MAKE CHECKS PAYABLE TO ***PRO-LAB®*** ❑ CHECK # ❑ MONEY ORDER
CREDIT CARD: ❑ Visa ❑ Mastercard ❑ Discover ❑ AMEX

Credit Card #: Exp. Date: /
CREDIT CARD SECURITY CODE (3 or 4 digits):
Name on Card / Check:
Street Address: Zip:
Signature: Date: /

By submitting your sample to ***PRO-LAB®*** for analysis, you authorize ***PRO-LAB®*** and/or its affiliate representatives to contact you regarding your results.

For lab use only: _____
Date sample received _____ Time _____ Received by _____

MUST BE RETURNED TO ***PRO-LAB®***

PRO-LAB® **• 1675 N. COMMERCE PARKWAY • WESTON • FL 33326**