

RADON TESTING IN CT SCHOOLS TRACKING SHEET

School Name: _____ Weather Conditions: _____
 School Location: _____ *Type of Radon Test (AC, LS, CR): _____
 Name of Tester: _____ Telephone #: _____
 Mailing Address: _____

Detector ID #	Location	Start Date	Start Time	End Date	End Time	Additional Comments

*Note: AC = Activated Charcoal Adsorption Device LS = Charcoal Liquid Scintillation
 CR = Continuous Radon Monitor

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