

Radon Testing Form

Canister Barcode # _____
(printed on side of canister)

Name _____ Telephone # _____

Physical Address of Property Being Tested

Street _____

Town _____ State VT Zip _____

Radon Test Dates (start) _____/_____/_____ (end) _____/_____/_____

Location (floor level) of Kit: Basement 1st Floor 2nd Floor

Location (room) of Kit: Living room Dining room Bedroom

Basement Other: _____

Does this home have a radon mitigation system installed? Yes No

How long have you lived in this home? _____

Where should results be sent?

Email address (quickest): _____

Physical address (that you wrote in at the top of this form)

Mailing address:

Street _____

Town _____ State _____ Zip _____

Return completed form and canister to:

RSSI
6312 Oakton Street
Morton Grove, IL 60053

Questions? Contact the Radon Program:

phone: 1-800-439-8550

e-mail: radon@vermont.gov

website: HealthVermont.gov/radon (in English)