

**NEW ENGLAND RADON, LTD**  
**11A Industrial Way, Unit 3, Salem, NH 03079**  
**603-893-4260**

**PLEASE READ ALL INSTRUCTIONS BEFORE STARTING TEST.**

1. **ALL WINDOWS AND EXTERNAL DOORS IN THE HOUSE SHOULD BE KEPT CLOSED AS MUCH AS POSSIBLE TWELVE HOURS BEFORE AND DURING THE SAMPLING PERIOD, EXCEPT FOR NORMAL ENTERING AND EXITING.** Do not test during high winds.
2. The test kit should be placed in the lowest lived-in level of the home (for example: the basement if it is frequently used, but not a kitchen or bathroom).
3. Place canisters at least 20 inches above the floor in a location where it won't be disturbed - away from drafts, high heat, high humidity, and exterior walls. Fans and ventilation systems that use outside air should not be used during sampling period. Heating and air-conditioning system fans that re-circulate air may be operated.
4. Remove the tape from around canister, place lid under the lower half of the canister. Save the tape by wrapping tape loosely around open canister and lid.
5. Print the serial number and the location of each canister in the spaces provided below. Record date and time (when the test began) in the spaces provided below.

**DO NOT DISTURB FOR TWO DAYS.**

6. After two days of exposure, replace the lid on the canister and reseal it with the same tape. Record the date, day, and the time when the canisters were closed.
7. Make sure your name, address and telephone number are in the appropriate spaces (below).
8. Place the resealed canisters in the cardboard box. **ENCLOSE THIS DATA SHEET.**
9. Check to be sure *priority mail postage* is on the envelope which should be addressed to: **NEW ENGLAND RADON, LTD.**

**MAIL WITHIN ONE DAY OF RESEALING: CANISTERS MUST BE BROUGHT INTO A POSTAL CLERK.**

PRINT LEGIBLY IN THE SPACES PROVIDED BELOW. SAMPLE CANNOT BE PROCESSED UNLESS COMPLETE INFORMATION IS PROVIDED.

TEST SITE: \_\_\_\_\_

**NOTE: TEST RESULTS WILL BE MAILED TO THE ADDRESS BELOW.**

NAME MAIDA Services STREET /NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TEL. \_\_\_\_\_

CANISTER SERIAL NO. 1 \_\_\_\_\_ FLOOR \_\_\_\_\_ ROOM \_\_\_\_\_

CANISTER SERIAL NO. 2 \_\_\_\_\_ FLOOR \_\_\_\_\_ ROOM \_\_\_\_\_

START DATE: \_\_\_\_\_ DAY OF WEEK \_\_\_\_\_ TIME \_\_\_\_\_ AM OR PM (CIRCLE ONE)

STOP DATE: \_\_\_\_\_ DAY OF WEEK \_\_\_\_\_ TIME \_\_\_\_\_ AM OR PM (CIRCLE ONE)