

LANDLORDS REPORT TO DHHS FOR AIR RADON TESTING IN RENTAL PROPERTY

NAME OF LANDLORD CONDUCTING THE TEST: _____ PHONE: _____

RENTAL PROPERTY (or COMPLEX) NAME: _____

RENTAL PROPERTY (or COMPLEX) ADDRESS: _____
(STREET ADDRESS USING POST OFFICE ABBREVIATIONS)

(Address information MUST use standard Post Office abbreviations) _____
(TOWN AND ZIP CODE OF STREET ADDRESS)

Analysis Lab Maine Registration ID: _____

THE RADON TEST WAS CONDUCTED _____ / _____ TYPE OF TESTS (CIRCLE ONE) : Short term Long term
(MONTH) (YEAR)

Building Name/Number	Apartment/Unit Name/Number	TEST KIT ID # <small>ONLY ONE TEST KIT NUMBER AND RESULT PER LINE</small>	RESULT <small>(pCi/L)</small>	FLOOR* <small>(B, 1, 2, 3, etc)</small>	MIT SYS*** <small>INSTALLED Y or N</small>	Mobile Home <small>Y or N</small>

Test kit ID# means the I.D. number placed on the test device by the lab.

***Floor abbreviations:** B=BASEMENT, 1=1st FLOOR, 2= 2nd FLOOR, 3= 3rd FLOOR, etc. U=UNKNOWN

*****MIT SYS=** IS THERE A MITIGATION SYSTEM INSTALLED TO CONTROL RADON IN THE STRUCTURE?

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MAIL TO: **RADON REGISTRATION REPORTS**
MAINE RADIATION CONTROL PROGRAM
11 STATE HOUSE STATION
AUGUSTA, ME 04333-0011

OR EMAIL TO: RADON.DHHS@MAINE.GOV

OR FAX TO (ONLY IF 6 PAGES OR LESS): **207-287-3059**
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