

RADON TESTING APPLICATION

TRACKING NUMBER

____Office #

Please fill out this form and our staff will contact you shortly about scheduling your Radon test.

Please fill out each blank completely and give to the Front Desk at Guam EPA		
Name:	E-1	perm #
Home Number:Work Number:	Cell Number:	
Employer:Position:_		
Email Address:		
Mailing Address:		
Physical Address where test will happen:		
Is this building a: House Apartment (if so, what floor) Office bldg (floor)		
For internal use only: Date eperm given to applicant:		
I have read read and understand that if I do not return the test kit within five days or receiving it, my name will be reported to the Guam Police Department for theft of property.		
Signature:		
Tear here – Give to Applicant - Tear here –Give to Applicant - Tear here – Give to Applicant - Tear here – Give to Applicant		
Our staff will take your application in the order it was received and contact you shortly about setting up a test.		
INSTRUCTIONS FOR TESTING FOR RADON,		
 Make sure the house is completely closed (windows need to be closed) for 12 hours prior to the beginning of the test. The house MUST be closed during the full 48 hours of the test. Put the testing kit at least three feet above the floor, three feet from outside walls and at least one foot away from inside walls. Give the kit at least four inches of clear space on all sides. Do not test under ceiling fans or AC vents Record the date and time on this sheet and then open the unit Wait at least 48 hours (two days). You can leave the kit open for up to 72 hours. Close the unit and record the date and time. Return the device to Guam EPA PLEASE NOTE – If you do not return the test kit within five days of receiving the kit and do not return attempts to		
contact you, Guam EPA will consider it a case of Theft and the Guam Police Department will be contacted.		
DATE OPENED:	DATE CLOSED:	
TIME OPENED:	TIME CLOSED:	

Where was canister placed? _____Bedroom ____Living room