

Firm name _____	Year _____
Email address _____	Period January-June <input type="checkbox"/> July-December <input type="checkbox"/> (report due 30 days following end of the semi-annual period)

Please indicate the name of the external laboratory or Environmental Laboratory Accreditation Program, ELAP, identification number where radon in air analysis is completed: _____

Does your firm utilize a continuous radon monitor with the results analyzed by your firm? _____ (Yes/No) Model name _____

ZIP CODE <i>Required</i>	TOWN	COUNTY <i>Alternate Required</i>	DATE TEST	NUMBER OF MEASUREMENTS <i>Required</i>	MEASUREMENT ACTIVITY (pCi/L)	MEASUREMENT LOCATION (i.e. basement, 1 st floor)

