STATE OF MAINE REPORTING FORM FOR RADON TESTERS/EVALUATORS

COMPANY NAME:_____ CONTACT PERSONS NAME:_____

COMPANY MAINE RADON REGISTRATION NUMBER: ME_____ REPORT FOR _____ /_____
(MONTH) (YEAR)

IF A SECONDARY LAB (TESTER), MAINE REGISTRATION NUMBER OF
PRIMARY LAB THAT ANALYZED THESE TESTS: ME_____ PAGE _____OF_____

TYPE OF TESTS (CIRCLE ONE) : AIR WATER

ZIPCODE	SAMPLE ID # ONLY ONE SAMPLE NUMBER AND RESULT PER LINE	RESULT*	FLOOR**	STREET ADDRESS OF BUILDING (Not Mailing Address)	TOWN	MIT SYS*** INSTALLED Y/N

Sample ID # means the identifier placed on the test device by the LAB. If a continuous monitor is used each Sample ID MUST have it's own unique sample number.
* **IN PCI/L**. IF AN ALPHA TRACK OR WORKING LEVEL MEASUREMENT, USE A SEPARATE REPORT FORM AND SPECIFY "AT" or "WORKING LEVELS"
** **B**=BASEMENT, **F**=FIRST FLOOR, **S**=SECOND FLOOR, **O**=OTHER, **U**=UNKNOWN
***MIT SYS= IS THERE A RADON MITIGATION SYSTEM INSTALLED IN THE BUILDING?

Address information MUST use standard Post Office abbreviations.

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**

HHE 880 (4/2012)

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