

# 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?

Page \_\_\_\_\_ of \_\_\_\_\_

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

OR EMAIL TO: [RADON.DHHS@MAINE.GOV](mailto:RADON.DHHS@MAINE.GOV)

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