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RADON TESTING IN CT SCHOOLS TRACKING SHEET

School Name:	Weather Conditions:
School Location:	*Type of Radon Test (AC, LS, CR):
Name of Tester:	Telephone #:
Mailing Address:	

Detector ID		Start	Start	End	End	Additional
#	Location	Date	Time	Date	Time	Comments

*Note: AC = Activated Charcoal Adsorption Device

LS = Charcoal Liquid Scintillation CR = Continuous Radon Monitor

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School Name:

Detector ID #	Location	Start Date	Start Time	End Date	End Time	Additional Comments
#	Location	Date	Tille	Date	Tille	Comments
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