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SHORT TERM INDOOR RADON MEASUREMENT KIT

DIRECTIONS - based on EPA guidelines

- Closed-building conditions are required** for meaningful measurements. Close exterior doors and windows 12 hours prior to starting the test and during the entire test procedure.
- Perform side-by-side ion chamber measurements in the lowest level of the building in a room that is used regularly or suitable for occupancy (e.g. family room, den, playroom, or lower level bedroom). Use the wire provided, and an overhead anchor point, to suspend ion chambers side-by-side in the general breathing zone (6ft). Ion chambers should be:
 - At least 20 inches above the floor
 - At least 1 foot from walls
 - Three feet from doors or windows
 - Away from drafts or heat sources
- To start the test, unscrew the cap on the ion chambers, the cap will pop up (do not attempt to remove the stem or cap). The system is now on. Optional: if tampering is a concern use the zip ties provided to lock through the hole of the midsection of the pop-up stem.
- Record the start date and start time below (save this sheet and the shipping box).
- After 48 hours (+/- 2 hours), remove zip ties with scissors if they were used. Push the stem and cap down and seal by screwing the cap firmly in place; the system is now off.
- Record the exposure stop date and stop time below.
- Fill out the test site and report mailing instructions below.
- Place sealed ion chambers and data sheet into the box and mail or deliver to Absolute Labs.

ION CHAMBER EXPOSURE INFORMATION

Start date: _____ Start time: _____ AM PM Chambers placed side-by-side: yes
 Stop date: _____ Stop time: _____ AM PM

TEST SITE INFORMATION

Address: _____ City: _____ State: _____ Zip: _____
 Test area: Basement First floor Other: _____
 Collector's name: _____ Phone no.: _____

REPORT RESULTS TO:

Name: _____ Email: _____
 Notes: _____

PAYMENT OPTIONS

- My check is enclosed (payable to Absolute Labs, Inc.)
- Charge my: MC VISA AMEX DISC ACCOUNT KEEP MY INFORMATION ON FILE

Name: _____
 Credit card #: _____ Exp. date: _____
 Billing address: _____
 City, State, Zip: _____

3. Pay online: www.testittoday.com/product/radon/ - Order no.: _____

4. Cash - in person only

LAB USE ONLY

Date out: _____
 Detector no.: _____ Electret 1: _____ V_{i1} : _____ V_{f1} : _____ pCi/L₁: _____
 Detector no.: _____ Electret 2: _____ V_{i2} : _____ V_{f2} : _____ pCi/L₂: _____
 Lab file no.: _____ Analyst: _____ Hr: _____ pCi/L_{avg}: _____