



2653 Auburn Road,  
 Auburn Hills, MI 48326  
[www.testittoday.com](http://www.testittoday.com)  
[info@absolutelabs.net](mailto:info@absolutelabs.net)  
 T+ 877.343.5227  
 T+ 248.844.9000

## 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
  - 3 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 Laboratories.

### ION CHAMBER EXPOSURE INFORMATION

Start date: \_\_\_\_\_ Start time: \_\_\_\_\_ 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: \_\_\_\_\_
- Pay online: <http://www.testittoday.com/product/radon/> - Order no.:
- Cash - in person only

### LAB USE ONLY

Date out: \_\_\_\_\_

Detector no.: \_\_\_\_\_ Electret 1: \_\_\_\_\_  $V_{i1}$ : \_\_\_\_\_  $V_{f1}$ : \_\_\_\_\_ pCi/L<sub>1</sub>: \_\_\_\_\_

Detector no.: \_\_\_\_\_ Electret 2: \_\_\_\_\_  $V_{i2}$ : \_\_\_\_\_  $V_{f2}$ : \_\_\_\_\_ pCi/L<sub>2</sub>: \_\_\_\_\_

Lab file no.: \_\_\_\_\_ Analyst: \_\_\_\_\_ Hr: \_\_\_\_\_ pCi/L<sub>avg</sub>: \_\_\_\_\_