STATE OF MAINE REPORTING FORM
RADON TESTERS/EVALUATORS

COMPANY NAME:_____CONTACT PERSONS NAME:_____

COMPANY MAINE REGISTRATION NUMBER:_____

REPORT FOR _____. _____. PAGE ____ OF ____.
(MONTH) (YEAR)

IF A SECONDARY LAB (TESTER), MAINE REGISTRATION NUMBER OF PRIMARY LAB THAT ANALYZED THESE TESTS:_____.

TYPE OF TESTS (CIRCLE ONE): AIR WATER

ZIP CODE	SAMPLE ID #	RESULT*	FLOOR**

Sample ID means the identifier placed on the test device by the LAB.
Only one sample ID and result for each line.

* IN PCI/L. IF THE TEST IS A WORKING LEVEL MEASUREMENT, USE A SEPARATE REPORT FORM AND SPECIFY "WORKING LEVEL MEASUREMENTS".

** B=BASEMENT, F=FIRST FLOOR, S=SECOND FLOOR, O=OTHER, U=UNKNOWN

MAIL TO:

RADON REGISTRATION REPORTS
MAINE RADIATION CONTROL PROGRAM
#11 STATE HOUSE STATION
AUGUSTA, ME 04333-0011

HHE 881