Radon Testing Corp. of America
2 Hayes Street, Elmsford, NY 10523, Phone: (914)345-3380

Radon Testing Summary Sheet
Please fill out all pertinent information legibly

Send Results Report to:
Contact: Barbara Carlson
Company/Agency/Board of Ed: Monroe 1 BOCES
Address: 41 O'Connor Road
City: Rochester State: NY Zip: 14450
Phone: 585-387-3840 Fax: 585-383-6415
Email: barbara_carlson@boces.monroe.edu

Test Location Information:
School District: Monroe 1 BOCES School Code #: _____
County: Monroe Municipality: _____
Building/School Name: Technology Services
Address: 11 Linden Park
City: Rochester State: NY Zip: 14625
Placed by ID#: _____ Retrieved by ID#: _____
Start Date: 12/1/2014 Stop Date: 12/3/2014
Total # of detectors for this building: 37

PLEASE CIRCLE APPROPRIATE CONDITIONS

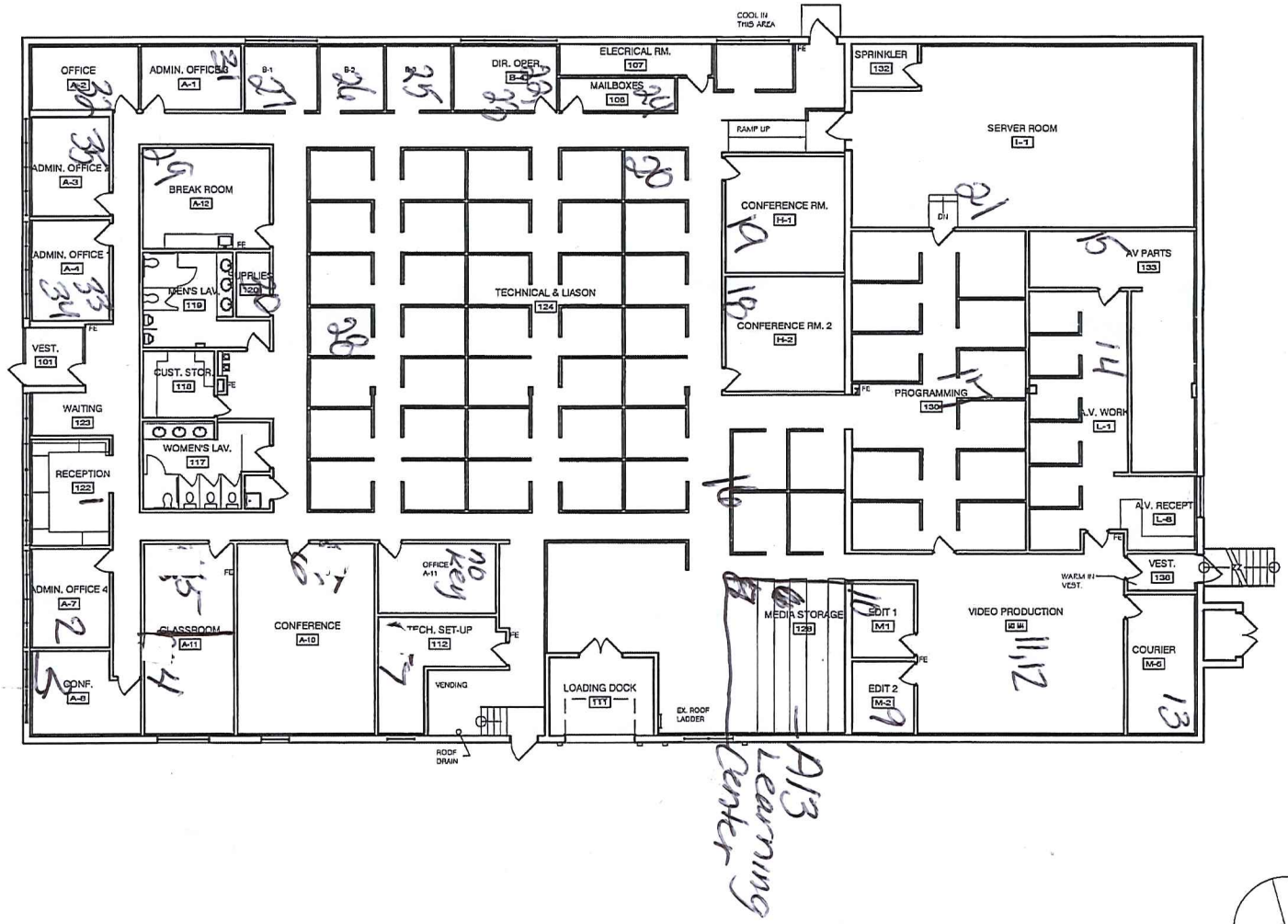
Building Type: Day Care-(D) Residential-(R) Non-Residential-(N) School-(S) Public School-(P) Unknown-(U)

Structural Type of Building: Basement-(B) Crawlspace-(C) Slab-on-grade-(S) Other-(O) Unknown-(U)

Purpose of Test: Standard-(S) Real Estate-(R) Duplicate-(DP) Blank-(BL) Post Mitigation-(POM)

Test Conditions: Open House-(OH) Closed House-(CH) Rainy-(RA) Windy-(WY) Unknown-(NO)

15-45°F, rain/snow



1 FLOOR PLAN
1/16" = 1'-0"

N:\2117-009_BASE\Linden-Park\bldg11.dwg, 1/7/2009 11:27:40 AM

MONROE #1
BOCES
Innovation
Collaboration
Leadership

DRAWING TITLE:
Technology Services Building
11 Linden Park
Rochester, NY 14625

SCALE: 1/16" = 1'-0"	DATE: 01/06/2009
DES. BY:	OR. TO: HUNT ENGINEERS ARCHITECTS & SURV
CK'D BY:	PROJECT NO.
SHEET NO. 1 OF 1	DRAWING NO.

MIBOCES
11 Linden
12-1-14 - 12/3/14

Instructions: Tear off center bar coded label from detector and affix to sheet in spaces provided. Please make sure top bar code label is left on detector. Record start & stop time, identify test location and indicate if QA measurement for each detector. Use additional sheets as necessary. Please mark clearly if any detector is missing or damaged at retrieval.

Bar Code Label

1

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357924

Start Time: 156 Stop Time: 226
Room # or other identifier: 122 Reception Floor: 1
Please circle if QA Measurement: Blank Duplicate

2

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357922

Start Time: 157 Stop Time: 227
Room # or other identifier: A7 Floor: 1
Please circle if QA Measurement: Blank Duplicate

3

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357591

Start Time: 158 Stop Time: 229
Room # or other identifier: A8 Floor: 1
Please circle if QA Measurement: Blank Duplicate

4

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357927

Start Time: 158 Stop Time: 229
Room # or other identifier: A11 Floor: 1
Please circle if QA Measurement: Blank Duplicate

5

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357917

Start Time: 201 Stop Time: 229
Room # or other identifier: All Reception Floor: 1
Please circle if QA Measurement: Blank Duplicate

6

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357703

Start Time: 202 Stop Time: 230
Room # or other identifier: A10 Floor: 1
Please circle if QA Measurement: Blank Duplicate

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11 Linden
12-1-14 - 12/3/14

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Bar Code Label

7
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357910

Start Time: 204 Stop Time: 230
Room # or other identifier: 112 Floor: 1
Please circle if QA Measurement: Blank Duplicate

8
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358044

Start Time: 204 Stop Time: 231
Room # or other identifier: A13 Floor: 1
Please circle if QA Measurement: Blank Duplicate

9
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357631

Start Time: 205 Stop Time: 232
Room # or other identifier: M2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

10
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358048

Start Time: 206 Stop Time: 232
Room # or other identifier: M1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

11
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357913

Start Time: 207 Stop Time: 232
Room # or other identifier: Video Production Floor: 1
Please circle if QA Measurement: Blank Duplicate

12
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357937

Start Time: 207 Stop Time: 232
Room # or other identifier: Video Production Floor: 1
Please circle if QA Measurement: Blank Duplicate

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12-1-14 - 12/3/14

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Bar Code Label

13
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361689

Start Time: 208 Stop Time: 233
Room # or other identifier: M6 Floor: 1
Please circle if QA Measurement: Blank Duplicate

14
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357919

Start Time: 212 Stop Time: 235
Room # or other identifier: L1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

15
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357920

Start Time: 213 Stop Time: 235
Room # or other identifier: 133 Floor: 1
Please circle if QA Measurement: Blank Duplicate

16
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361682

Start Time: 215 Stop Time: 236
Room # or other identifier: 124 Floor: 1
Please circle if QA Measurement: Blank Duplicate

17
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357630

Start Time: 217 Stop Time: 236
Room # or other identifier: 130 Programming Floor: 1
Please circle if QA Measurement: Blank Duplicate

18
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361677

Start Time: 218 Stop Time: 237
Room # or other identifier: H2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

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11 Linden
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Bar Code Label

19
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358067

Start Time: 219 Stop Time: 237
Room # or other identifier: H1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

20
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361665

Start Time: 220 Stop Time: 237
oom # or other identifier: 124 Floor: 1
lease circle if QA Measurement: Blank Duplicate

21
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361683

Start Time: 221 Stop Time: 238
Room # or other identifier: L1 Server Floor: 1
Please circle if QA Measurement: Blank Duplicate

22
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357702

Start Time: 222 Stop Time: 239
Room # or other identifier: B4 Floor: 1
Please circle if QA Measurement: Blank Duplicate

23
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357603

Start Time: 222 Stop Time: 239
Room # or other identifier: B4 Floor: 1
lease circle if QA Measurement: Blank Duplicate

24
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357614

Start Time: 223 Stop Time: 239
Room # or other identifier: 106 mal Floor: 1
Please circle if QA Measurement: Blank Duplicate

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Bar Code Label

25

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357707

Start Time: 225 Stop Time: 240
1 # or other identifier: B3 Floor: 1
e circle if QA Measurement: Blank Duplicate

26

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361675

Start Time: 226 Stop Time: 240
oom # or other identifier: B2 Floor: 1
lease circle if QA Measurement: Blank Duplicate

27

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361100

Start Time: 226 Stop Time: 240
Room # or other identifier: B1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

28

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358045

Start Time: 227 Stop Time: 241
Room # or other identifier: 124 Floor: 1
Please circle if QA Measurement: Blank Duplicate

29

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361124

Start Time: 227 Stop Time: 241
Room # or other identifier: A12 Floor: 1
Please circle if QA Measurement: Blank Duplicate

30

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358057

Start Time: 228 Stop Time: 242
Room # or other identifier: 120 Floor: 1
Please circle if QA Measurement: Blank Duplicate

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Bar Code Label

21
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361664

Start Time: 231 Stop Time: 244
oom # or other identifier: A1 Floor: 1
'lease circle if QA Measurement: Blank Duplicate

32
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361678

Start Time: 232 Stop Time: 245
oom # or other identifier: A2 Floor: 1
lease circle if QA Measurement: Blank Duplicate

33
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357936

Start Time: 233 Stop Time: 245
Room # or other identifier: A4 Floor: 1
Please circle if QA Measurement: Blank Duplicate

34
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357933

Start Time: 233 Stop Time: 245
oom # or other identifier: A4 Floor: 1
ease circle if QA Measurement: Blank Duplicate

35
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358033

Start Time: 234 Stop Time: 245
Room # or other identifier: A3 Floor: 1
Please circle if QA Measurement: Blank Duplicate

36
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353212

Start Time: — Stop Time: —
Room # or other identifier: — Floor: —
Please circle if QA Measurement: Blank Duplicate

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11 Linden
12-1-14 - 12/3/14

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Bar Code Label

37

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361672

Start Time: — Stop Time: —

Room # or other identifier: — Floor: —

Please circle if QA Measurement: Blank Duplicate

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate