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: Staff Development
Address: 15 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: 42

PLEASE CIRCLE APPROPRIATE CONDITIONS

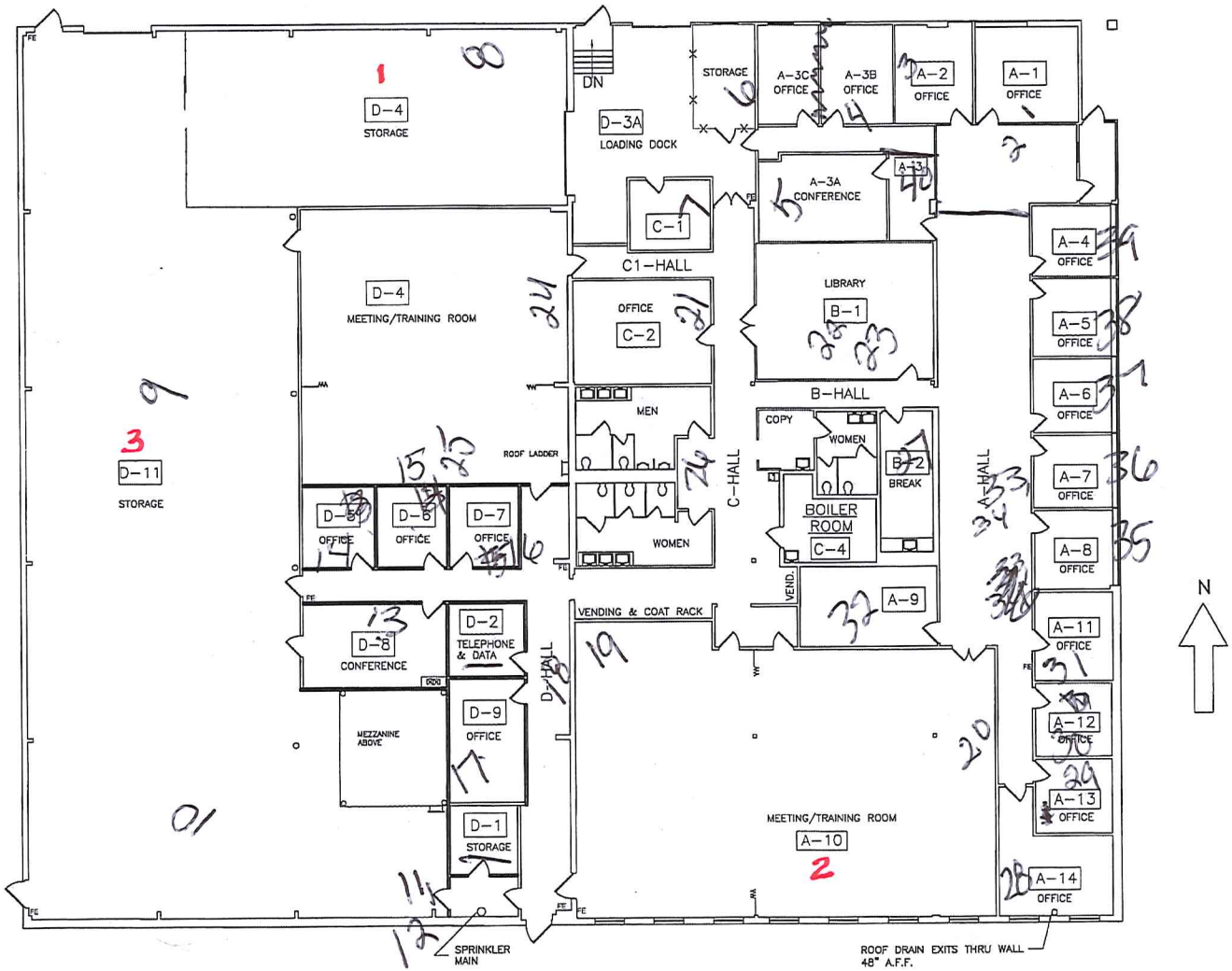
Building Type: Day Care-(D) Residential-(R) Non-Residential-(N) School-(S) Public School-(P) Unknown-(U)

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



2 Blanks

MONROE #1
BOCES
Innovation
Collaboration
Leadership

DRAWING TITLE:
Staff Development Services Building
15 Linden Park
Rochester, NY 14625

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

N:\2117-009_BASE\Linden-Park\staff-development.dwg, 1/7/2009 11:44:18 AM

MIBOCES 15 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
2357599

Start Time: 109 Stop Time: 201

Room # or other identifier: A1 Floor: 1

Please circle if QA Measurement: Blank Duplicate

2

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357646

Start Time: 110 Stop Time: 159

Room # or other identifier: Reception Floor: 1

Please circle if QA Measurement: Blank Duplicate

3

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357633

Start Time: 111 Stop Time: 203

Room # or other identifier: A2 Floor: 1

Please circle if QA Measurement: Blank Duplicate

4

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361152

Start Time: 111 Stop Time: 204

Room # or other identifier: A3 - Frink Floor: 1

Please circle if QA Measurement: Blank Duplicate

5

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357688

Start Time: 112 Stop Time: 205

Room # or other identifier: A3 Floor: 1

Please circle if QA Measurement: Blank Duplicate

6

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358058

Start Time: 113 Stop Time: 205

Room # or other identifier: Cust Office Floor: 1

Please circle if QA Measurement: Blank Duplicate

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

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Bar Code Label

7
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357711

Start Time: 115 Stop Time: 207
Room # or other identifier: C1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

8
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357593

Start Time: 115 Stop Time: 207
Room # or other identifier: D11 Floor: 1
Please circle if QA Measurement: Blank Duplicate

9
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357938

Start Time: 116 Stop Time: 208
Room # or other identifier: D-11 - Hands on Science Floor: 1
Please circle if QA Measurement: Blank Duplicate

10
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361078

Start Time: 118 Stop Time: 208
Room # or other identifier: D11 Floor: 1
Please circle if QA Measurement: Blank Duplicate

11
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357930

Start Time: 119 Stop Time: 208
Room # or other identifier: D11 Floor: 1
Please circle if QA Measurement: Blank Duplicate

12
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361149

Start Time: 119 Stop Time: 208
Room # or other identifier: D11 Floor: 1
Please circle if QA Measurement: Blank Duplicate

15 Linden
MI BOCES
12-1-14 - 12/3/14

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Bar Code Label

13
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358050

Start Time: 122 Stop Time: 210
oom # or other identifier: D8 Floor: 1
lease circle if QA Measurement: Blank Duplicate

14
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358060

Start Time: 123 Stop Time: 210
Room # or other identifier: D5 Floor: 1
Please circle if QA Measurement: Blank Duplicate

15
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361264

Start Time: 123 Stop Time: 210
Room # or other identifier: D6 Floor: 1
Please circle if QA Measurement: Blank Duplicate

16
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361084

Start Time: 124 Stop Time: 210
Room # or other identifier: D7 Floor: 1
Please circle if QA Measurement: Blank Duplicate

17
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361142

Start Time: 125 Stop Time: 210
Room # or other identifier: D9 Floor: 1
Please circle if QA Measurement: Blank Duplicate

18
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361148

Start Time: 126 Stop Time: 210
Room # or other identifier: D Hall Floor: 1
Please circle if QA Measurement: Blank Duplicate

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

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Bar Code Label

19
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358056

Start Time: 132 Stop Time: 213
Room # or other identifier: A10 Floor: 1
Please circle if QA Measurement: Blank Duplicate

20
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361070

Start Time: 132 Stop Time: 213
Room # or other identifier: A10 Floor: 1
Please circle if QA Measurement: Blank Duplicate

21
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358039

Start Time: 133 Stop Time: 214
Room # or other identifier: C2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

22
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2346936

Start Time: 134 Stop Time: 214
Room # or other identifier: B1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

23
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357918

Start Time: 134 Stop Time: 214
Room # or other identifier: B1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

24
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357907

Start Time: 135 Stop Time: 216
Room # or other identifier: D4 Floor: 1
Please circle if QA Measurement: Blank Duplicate

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

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Bar Code Label

25
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361098

Start Time: 135 Stop Time: 216
Room # or other identifier: DL1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

26
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357600

Start Time: 136 Stop Time: 217
Room # or other identifier: CHall Floor: 1
Please circle if QA Measurement: Blank Duplicate

27
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361147

Start Time: 137 Stop Time: 217
Room # or other identifier: B2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

28
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357595

Start Time: 137 Stop Time: 218
Room # or other identifier: A14 Floor: 1
Please circle if QA Measurement: Blank Duplicate

29
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361691

Start Time: 138 Stop Time: 218
Room # or other identifier: A13 Floor: 1
Please circle if QA Measurement: Blank Duplicate

30
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361079

Start Time: 138 Stop Time: 218
Room # or other identifier: A12 Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
15 Linden
12-1-14 –
12/3/14

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Bar Code Label

31
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2346975

Start Time: 140 Stop Time: 219
om # or other identifier: All Floor: 1
ase circle if QA Measurement: Blank Duplicate

32
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2346931

Start Time: 140 Stop Time: 219
oom # or other identifier: A9 Floor: 1
lease circle if QA Measurement: Blank Duplicate

33
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357596

Start Time: 141 Stop Time: 221
Room # or other identifier: AHall Floor: 1
Please circle if QA Measurement: Blank Duplicate

34
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357604

Start Time: 141 Stop Time: 221
m # or other identifier: AHall Floor: 1
se circle if QA Measurement: Blank Duplicate

35
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357691

Start Time: ~~1~~ 142 Stop Time: 221
om # or other identifier: A8 Floor: 1
ase circle if QA Measurement: Blank Duplicate

36
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357617

Start Time: 142 Stop Time: 222
om # or other identifier: A7 Floor: 1
ease circle if QA Measurement: Blank Duplicate

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

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Bar Code Label

37
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361132

Start Time: 145 Stop Time: 222
m # or other identifier: A6 Floor: 1
se circle if QA Measurement: Blank Duplicate

36
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357694

Start Time: 145 Stop Time: 222
Room # or other identifier: A5 Floor: 1
lease circle if QA Measurement: Blank Duplicate

39
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357700

Start Time: 146 Stop Time: 222
oom # or other identifier: A4 Floor: 1
ease circle if QA Measurement: Blank Duplicate

40
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358037

Start Time: 146 Stop Time: 222
oom # or other identifier: A3 Copy Floor: 1
ease circle if QA Measurement: Blank Duplicate

41
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353088

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

42
VE THIS PORTION AND AFFIX O TEST INFORMATION FORM
2353152

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