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: Harris Building

Address: 2596 Baird Road

City: Penfield State: NY Zip: 14526

Placed by ID#: _____ Retrieved by ID#: _____

Start Date: 12/1/2014 Stop Date: 12/3/2014

Total # of detectors for this building: 44

PLEASE CIRCLE APPROPRIATE CONDITIONS

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

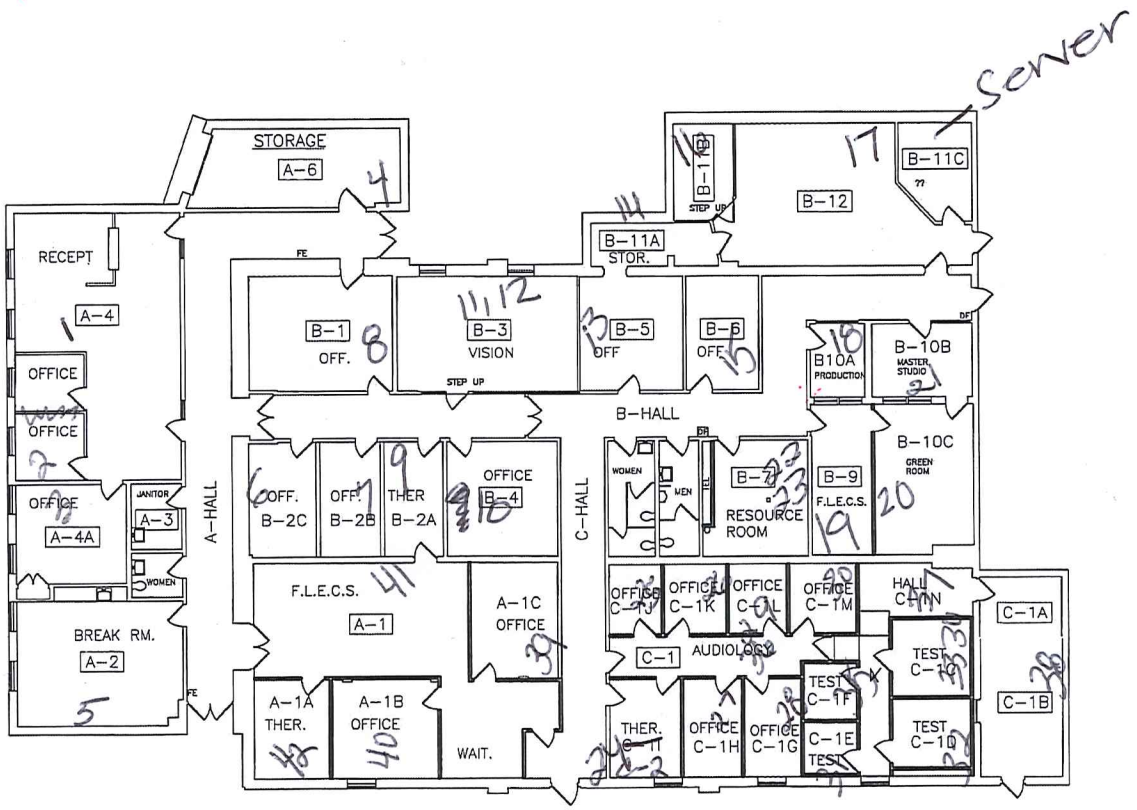
Structural Type of Building: Basement-(B) Crawlspace-(C) Slab-on-grade-(S) Other-(O) Unknown-(U)

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

12-1-14



MONROE #1
BOCES
Innovation
Collaboration
Leadership

DRAWING TITLE:
Technology Services Building
2596 Baird Road
Penfield, NY 14526

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

N:\2117-009_BASE\Baird-Road\tech-services.dwg, 1/7/2009 11:45:47 AM

MIBOCES
Harris Bldg
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
2361821

Start Time: 1158 Stop Time: 1238
oom # or other identifier: A4 Floor: 1
ease circle if QA Measurement: Blank Duplicate

2

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361765

Start Time: 1158 Stop Time: 1238
oom # or other identifier: A4 Office Floor: 1
lease circle if QA Measurement: Blank Duplicate

3

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353238

Start Time: 1158 Stop Time: 1238
oom # or other identifier: A4A Office Floor: 1
lease circle if QA Measurement: Blank Duplicate

4

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361911

Start Time: 1159 Stop Time: 1240
Room # or other identifier: A6 Floor: 1
Please circle if QA Measurement: Blank Duplicate

5

REMOVE THIS PORTION AND AFFI
TO TEST INFORMATION FORM
2353114

Start Time: 1159 Stop Time: 1238
Room # or other identifier: A2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

6

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353105

Start Time: 1200 Stop Time: 1240
Room # or other identifier: B2C Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
Harris Bldg
12-1-14 - 12/3/14

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Bar Code Label

7

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361791

Start Time: 1201 Stop Time: 1241
Room # or other identifier: B2B Floor: 1
Please circle if QA Measurement: Blank Duplicate

8

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353203

Start Time: 1202 Stop Time: 1241
Room # or other identifier: B1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

9

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353150

Start Time: 1203 Stop Time: 1242
Room # or other identifier: B2A Floor: 1
Please circle if QA Measurement: Blank Duplicate

10

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361758

Start Time: 1204 Stop Time: 1242
Room # or other identifier: B4 Floor: 1
Please circle if QA Measurement: Blank Duplicate

11

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353222

Start Time: 1205 Stop Time: 1243
Room # or other identifier: B3 Floor: 1
Please circle if QA Measurement: Blank Duplicate

12

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353200

Start Time: 1205 Stop Time: 1243
Room # or other identifier: B3 Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
Harris Bldg
12-1-14 – 12/3/14

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Bar Code Label

13

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353168

Start Time: 1207 Stop Time: 1244
Room # or other identifier: B5 Floor: 1
Please circle if QA Measurement: Blank Duplicate

14

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353208

Start Time: 1208 Stop Time: 1244
Room # or other identifier: B11A Floor: 1
Please circle if QA Measurement: Blank Duplicate

15

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353198

Start Time: 1208 Stop Time: 1245
Room # or other identifier: B6 Floor: 1
Please circle if QA Measurement: Blank Duplicate

16

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353160

Start Time: 1209 Stop Time: 1246
Room # or other identifier: B11B Floor: 1
Please circle if QA Measurement: Blank Duplicate

17

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361846

Start Time: 1210 Stop Time: 1246
Room # or other identifier: B12 Floor: 1
Please circle if QA Measurement: Blank Duplicate

18

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353225

Start Time: 1215 Stop Time: 1246
Room # or other identifier: B10A Floor: 1
Please circle if QA Measurement: Blank Duplicate

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Harris Bldg
12-1-14 - 12/3/14

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Bar Code Label

19
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353153

Start Time: 1216 Stop Time: 1248
oom # or other identifier: B-9 Floor: 1
ease circle if QA Measurement: Blank Duplicate

20
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353175

Start Time: 1217 Stop Time: 1248
Room # or other identifier: B10C Floor: 1
Please circle if QA Measurement: Blank Duplicate

21
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361645

Start Time: 1218 Stop Time: 1248
Room # or other identifier: B10D Floor: 1
Please circle if QA Measurement: Blank Duplicate

22
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353236

Start Time: 1220 Stop Time: 1249
Room # or other identifier: B7 Floor: 1
Please circle if QA Measurement: Blank Duplicate

23
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361673

Start Time: 1220 Stop Time: 1249
Room # or other identifier: B7 Floor: 1
Please circle if QA Measurement: Blank Duplicate

24
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361663

Start Time: 1221 Stop Time: 1252
Room # or other identifier: C2 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

25
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353158

Start Time: 1222 Stop Time: 1252
Room # or other identifier: C/J Floor: 1
Please circle if QA Measurement: Blank Duplicate

26
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361698

Start Time: 1222 Stop Time: 1252
Room # or other identifier: C/K Floor: 1
Please circle if QA Measurement: Blank Duplicate

27
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361715

Start Time: 1223 Stop Time: 1252
Room # or other identifier: C/H Floor: 1
Please circle if QA Measurement: Blank Duplicate

28
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361714

Start Time: 1223 Stop Time: 1252
Room # or other identifier: C/G Floor: 1
Please circle if QA Measurement: Blank Duplicate

29
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353157

Start Time: 1224 Stop Time: 1252
Room # or other identifier: C/L Floor: 1
Please circle if QA Measurement: Blank Duplicate

30
IS PORTION AND AFFIX
T INFORMATION FORM
2353190

Start Time: 1224 Stop Time: 1252
Room # or other identifier: C/M Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
Harris
12-1-14 - 12/3/14

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Bar Code Label

31
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361674

Start Time: 1229 Stop Time: 1254
om # or other identifier: C1E Floor: 1
ase circle if QA Measurement: Blank Duplicate

32
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353210

Start Time: 1229 Stop Time: 1254
Room # or other identifier: C1D Floor: 1
lease circle if QA Measurement: Blank Duplicate

33
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353191

Start Time: 1230 Stop Time: 1254
oom # or other identifier: C1C Floor: 1
lease circle if QA Measurement: Blank Duplicate

34
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353231

Start Time: 1230 Stop Time: 1254
om # or other identifier: C1C Floor: 1
ase circle if QA Measurement: Blank Duplicate

35
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353165

Start Time: 1231 Stop Time: 1254
Room # or other identifier: C1F Floor: 1
lease circle if QA Measurement: Blank Duplicate

36
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353223

Start Time: 1231 Stop Time: 1252
om # or other identifier: C1 Hall Floor: 1
ase circle if QA Measurement: Blank Duplicate

MIBOCES
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12-1-14 - 12/3/14

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Bar Code Label

37
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361917
Start Time: 1232 Stop Time: 1256
Room # or other identifier: C-IN Hall Floor: 1
Please circle if QA Measurement: Blank Duplicate

38
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361823
Start Time: 1233 Stop Time: 1256
Room # or other identifier: C1A | C1B Floor: 1
Please circle if QA Measurement: Blank Duplicate

39
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361694
Start Time: 1234 Stop Time: 1258
Room # or other identifier: A1C Floor: 1
Please circle if QA Measurement: Blank Duplicate

40
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353111
Start Time: 1235 Stop Time: 1258
Room # or other identifier: A1B Floor: 1
Please circle if QA Measurement: Blank Duplicate

41
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353126
Start Time: 1236 Stop Time: 1258
Room # or other identifier: A1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

42
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353094
Start Time: 1236 Stop Time: 1258
Room # or other identifier: A1A Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
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Bar Code Label

43
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361702

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

44
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353197

Start Time: — Stop Time: —
oom # or other identifier: — Floor: —
lease 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