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: Transportation
Address: 79 O'Connor Road
City: Fairport State: Ny Zip: 14450
Placed by ID#: _____ Retrieved by ID#: _____
Start Date: 12/1/2014 Stop Date: 12/3/2014
Total # of detectors for this building: 17

PLEASE CIRCLE APPROPRIATE CONDITIONS

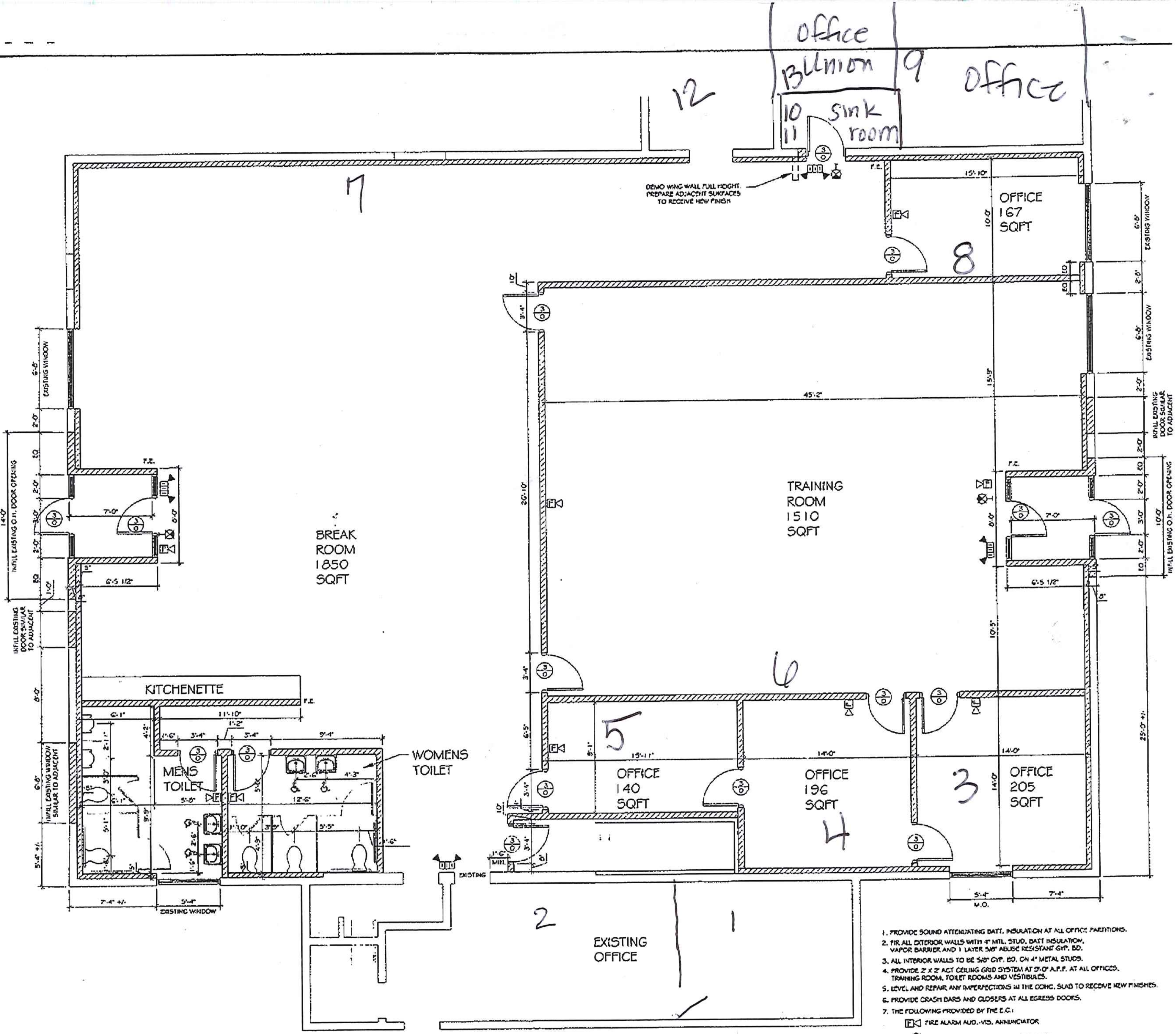
Building Type: Day Care-(D) Residential-(R) Non-Residential-(N) School-(S) Public School-(P) Unknown-(U)

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. PROVIDE SOUND ATTENUATING BATT. INSULATION AT ALL OFFICE PARTITIONS.
2. FIR ALL EXTERIOR WALLS WITH 4" MTL. STUD, BATT INSULATION, VAPOR BARRIER AND 1 LAYER 5/8" ABUSE RESISTANT GYP. BD.
3. ALL INTERIOR WALLS TO BE 5/8" GYP. BD. ON 4" METAL STUDS.
4. PROVIDE 2' X 2' ACT CEILING GRID SYSTEM AT 9'-0" A.F.F. AT ALL OFFICES, TRAINING ROOM, TOILET ROOMS AND VESTIBULES.
5. LEVEL AND REPAIR ANY IMPERFECTIONS IN THE CONC. SLAB TO RECEIVE NEW FINISHES.
6. PROVIDE CRASH BARS AND CLOSERS AT ALL EGRESS DOORS.
7. THE FOLLOWING PROVIDED BY THE E.C.:
   - FIRE ALARM AUD.-VIS. ANNUNCIATOR
   - WALL MOUNTED EXIT SIGN (SINGLE FACED)
   - EMERGENCY EGRESS BATTERY BACKUP LIGHT FIXTURE
   - F.E. FIRE EXTINGUISHER
   - PROVIDE SMOKE AND HEAT DETECTION AT ALL ROOMS.

1 Blank

MIBOCES Transportation 12/1/14 – 12/3/14 Page 1 of 3

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
2357940

Start Time: 910 Stop Time: 1045

om # or other identifier: Dir Office Floor: 1

ease circle if QA Measurement: Blank Duplicate

2

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2346973

Start Time: 911 Stop Time: 1045

Room # or other identifier: Dir Reception Floor: 1

Please circle if QA Measurement: Blank Duplicate

3

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357610

Start Time: 913 Stop Time: 1046

Room # or other identifier: Office Floor: 1

Please circle if QA Measurement: Blank Duplicate

4

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357943

Start Time: 913 Stop Time: 1046

Room # or other identifier: Office Floor: 1

Please circle if QA Measurement: Blank Duplicate

5

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357941

Start Time: 913 Stop Time: 1046

oom # or other identifier: Offce Recep Floor: 1

lease circle if QA Measurement: Blank Duplicate

6

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357627

Start Time: 914 Stop Time: 1047

oom # or other identifier: Training Rm Floor: 1

ease circle if QA Measurement: Blank Duplicate

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Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357693

Start Time: 916 Stop Time: 1048
Room # or other identifier: Break Room Floor: 1
Please circle if QA Measurement: Blank Duplicate

8

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358065

Start Time: 919 Stop Time: 1050
Room # or other identifier: Office Floor: 1
Please circle if QA Measurement: Blank Duplicate

9

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361096

Start Time: 920 Stop Time: 1050
Room # or other identifier: Powell Office Floor: 1
Please circle if QA Measurement: Blank Duplicate

10

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358063

Start Time: 921 Stop Time: 1049
Room # or other identifier: Sink Room Floor: 1
Please circle if QA Measurement: Blank (Duplicate)

11

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358035

Start Time: 921 Stop Time: 1049
Room # or other identifier: Sink Room Floor: 1
Please circle if QA Measurement: Blank (Duplicate)

12

Start Time: 923 Stop Time: 1051
Room # or other identifier: Storage Floor: 1
Please circle if QA Measurement: Blank Duplicate

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

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Bar Code Label

13

...N AND AFFIX
...INFORMATION FORM
2357914

Start Time: 927 Stop Time: 1049

...m # or other identifier: Union Office Floor: 1

...e circle if QA Measurement: Blank Duplicate

14

REMOVE THIS PORTION AND AFFIX
TO TEST INFORMATION FORM
2357709

Start Time: 934 Stop Time: 1053

Room # or other identifier: Garage Office Floor: 1

Please circle if QA Measurement: Blank Duplicate

15

REMOVE THIS PORTION AND AFFIX
TO TEST INFORMATION FORM
2357934

Start Time: 935 Stop Time: 1053

...oom # or other identifier: Garage Floor: 1

...lease circle if QA Measurement: Blank Duplicate

16

REMOVE THIS PORTION AND AFFIX
TO TEST INFORMATION FORM
2357929

Start Time: 935 Stop Time: 1054

Room # or other identifier: Garage Floor: 1

Please circle if QA Measurement: Blank Duplicate

17

REMOVE THIS PORTION AND AFFIX
TO TEST INFORMATION FORM
2353209

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