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: Building 4,5,6
Address: 38 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: 62

PLEASE CIRCLE APPROPRIATE CONDITIONS

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

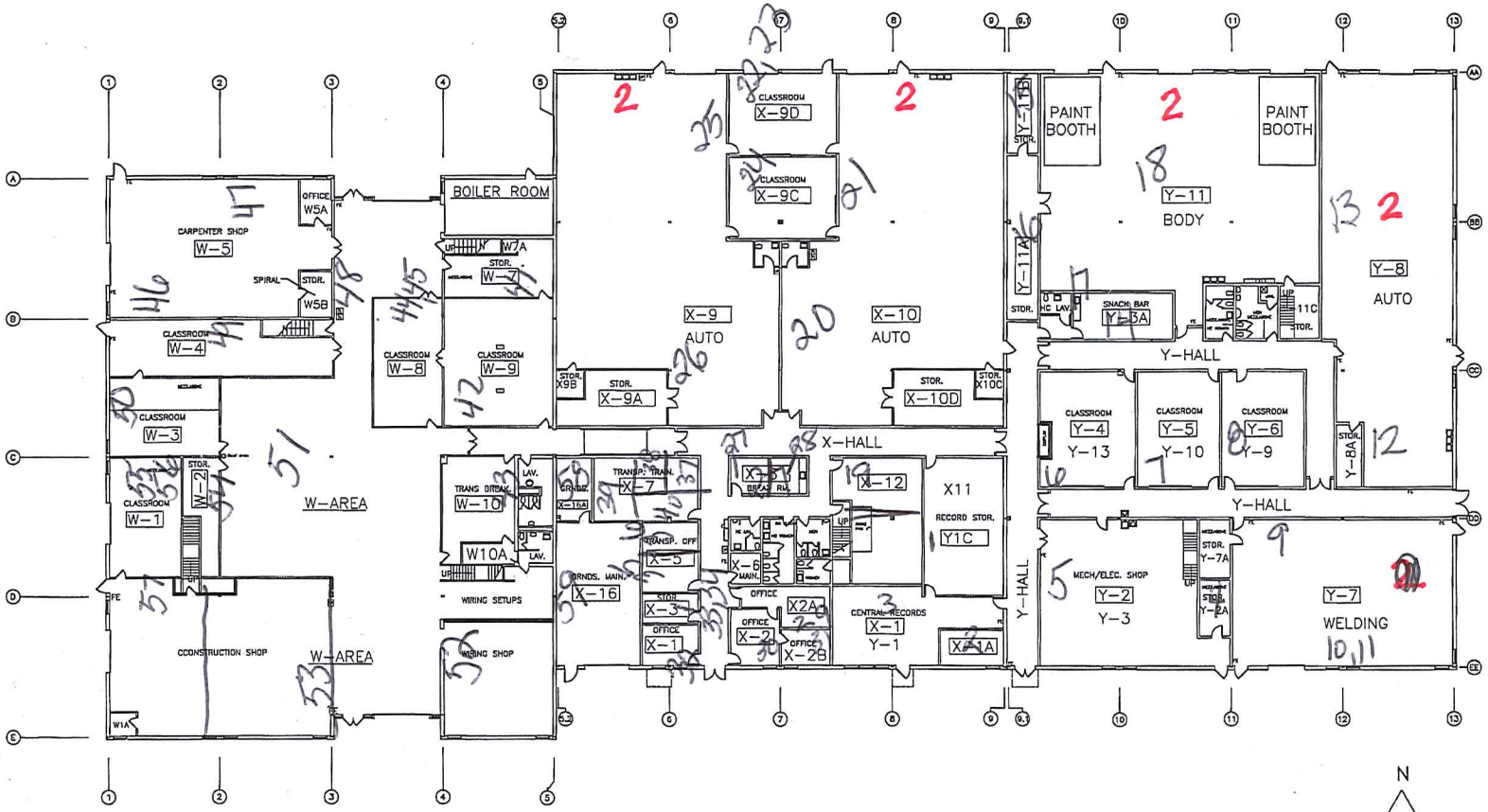
Structural Type of Building: Basement-(B) Crawlspace-(C) Slab-on-grade-(S) Other-(O) Unknown-(U)

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, snow/rain

12-1-14



MONROE #1
BOCES
Innovation
Collaboration
Leadership

DRAWING TITLE:
Building 4, 5, 6
35 O'Connor Road
Fairport, NY 14450

SCALE: 1/32"=1'-0"	DATE: 01/06/2009
DES. BY:	VIA: HUNT ENGINEERS ARCHITECTS & SURV.
CK'D BY:	PROJECT NO.
SHEET NO. 1 of 1	DRAWING NO.

3 Blank

N:\2117-009_BASE\OConnor-Road\BLDG4-5-6.dwg, 1/7/2009 11:34:28 AM

MIBOCES
Building 4, 5, 6
12/1/14 - 12/3/2014

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
2361209

Start Time: 1000 Stop Time: 1104

Room # or other identifier: Y1C Floor: 1

Please circle if QA Measurement: Blank Duplicate

2

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357715

Start Time: 1000 Stop Time: 1104

Room # or other identifier: X-1A Floor: 1

Please circle if QA Measurement: Blank Duplicate

3

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2346977

Start Time: 1000 Stop Time: 1104

Room # or other identifier: X-1 Floor: 1

Please circle if QA Measurement: Blank Duplicate

4

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361111

Start Time: 1003 Stop Time: 1106

Room # or other identifier: Y-2A Floor: 1

Please circle if QA Measurement: Blank Duplicate

5

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357921

Start Time: 1003 Stop Time: 1106

Room # or other identifier: Y-2 Floor: 1

Please circle if QA Measurement: Blank Duplicate

6

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357623

Start Time: 1006 Stop Time: 1107

Room # or other identifier: Y-4 Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
4,5,6
12/1/14

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

7

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357915

Start Time: 1007 Stop Time: 1108

Room # or other identifier: Y-5 Floor: 1

Please circle if QA Measurement: Blank Duplicate

8

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357925

Start Time: 1008 Stop Time: 1108

Room # or other identifier: Y6 Floor: 1

Please circle if QA Measurement: Blank Duplicate

9

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361086

Start Time: 1009 Stop Time: 1109

Room # or other identifier: Y7 Floor: 1

Please circle if QA Measurement: Blank Duplicate

10

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357928

Start Time: 1010 Stop Time: 1109

Room # or other identifier: Y7 Floor: 1

Please circle if QA Measurement: Blank Duplicate

11

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361211

Start Time: 1010 Stop Time: 1109

Room # or other identifier: Y7 Floor: 1

Please circle if QA Measurement: Blank Duplicate

12

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361790

Start Time: 1016 Stop Time: 1110

Room # or other identifier: Y8 Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
4,5,6
12-1-14 -

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.

13 **Bar Code Label**

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361826

Start Time: 1016 Stop Time: 1111
Room # or other identifier: Y8 Floor: 1
Please circle if QA Measurement: Blank Duplicate

14

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361906

Start Time: 1018 Stop Time: 1113
Room # or other identifier: Paint Rm Y-11 Floor: 1
Please circle if QA Measurement: Blank Duplicate

KEEP

15

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361897

Start Time: 1019 Stop Time: 1113
Room # or other identifier: Y11B Floor: 1
Please circle if QA Measurement: Blank Duplicate

16

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361801

Start Time: 1019 Stop Time: 1113
Room # or other identifier: Y11A Floor: 1
Please circle if QA Measurement: Blank Duplicate

17

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361783

Start Time: 1020 Stop Time: 1113
Room # or other identifier: Y11 Cage Floor: 1
Please circle if QA Measurement: Blank Duplicate

18

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361916

Start Time: 1020 Stop Time: 1113
Room # or other identifier: Y11 Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
4, 5, 6
12-1-14

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

19

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361769

Start Time: 1023 Stop Time: 1115
Room # or other identifier: X-12 Floor: 1
Please circle if QA Measurement: Blank Duplicate

20

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361754

Start Time: 1027 Stop Time: 1118
Room # or other identifier: X-10 Floor: 1
Please circle if QA Measurement: Blank Duplicate

21

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361771

Start Time: 1028 Stop Time: 1118
Room # or other identifier: X-10 Floor: 1
Please circle if QA Measurement: Blank Duplicate

22

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361752

Start Time: 1029 Stop Time: 1118
Room # or other identifier: X9D Floor: 1
Please circle if QA Measurement: Blank Duplicate

23

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361802

Start Time: 1029 Stop Time: 1118
Room # or other identifier: X9D Floor: 1
Please circle if QA Measurement: Blank Duplicate

24

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361701

Start Time: 1030 Stop Time: 1118
Room # or other identifier: X9C Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
4,5,6
12-1-14

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

25

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361839

Start Time: 1031 Stop Time: 1119
Room # or other identifier: X9 Floor: 1
Please circle if QA Measurement: Blank Duplicate

26

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361800

Start Time: 1031 Stop Time: 1119
Room # or other identifier: X9 Floor: 1
Please circle if QA Measurement: Blank Duplicate

27

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361760

Start Time: 1032 Stop Time: 1120
Room # or other identifier: X8 Floor: 1
Please circle if QA Measurement: Blank Duplicate

28

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361780

Start Time: 1033 Stop Time: 1120
Room # or other identifier: X8 Break Room Floor: 1
Please circle if QA Measurement: Blank Duplicate

29

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361899

Start Time: 1038 Stop Time: 1121
Room # or other identifier: X27 Floor: 1
Please circle if QA Measurement: Blank Duplicate

30

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361818

Start Time: 1039 Stop Time: 1121
Room # or other identifier: X2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
4,5,6
12-1-14 -

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

31

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361896

Start Time: 1039 Stop Time: 1121
Room # or other identifier: X2B Floor: 1
Please circle if QA Measurement: Blank Duplicate

32

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361830

Start Time: 1040 Stop Time: 1124
Room # or other identifier: X1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

33

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353148

Start Time: 1042 Stop Time: 1124
Room # or other identifier: X3 Floor: 1
Please circle if QA Measurement: Blank Duplicate

34

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353226

Start Time: 1042 Stop Time: 1124
Room # or other identifier: X3 Floor: 1
Please circle if QA Measurement: Blank Duplicate

35

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361829

Start Time: 1055 Stop Time: 1125
Room # or other identifier: X5-Anne Floor: 1
Please circle if QA Measurement: Blank Duplicate

36

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361822

Start Time: 1056 Stop Time: 1125
Room # or other identifier: X-5-Sherry Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
415, 6
12-1-14

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

37

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353215

Start Time: 1103 Stop Time: 1129
Room # or other identifier: X7 Office Floor: 1
Please circle if QA Measurement: Blank Duplicate

38

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361762

Start Time: 1103 Stop Time: 1129
Room # or other identifier: X7 Office Floor: 1
Please circle if QA Measurement: Blank Duplicate

39

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353204

Start Time: 1104 Stop Time: 1129
Room # or other identifier: X7 Conf Floor: 1
Please circle if QA Measurement: Blank Duplicate

40

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353147

Start Time: 1105 Stop Time: 1129
Room # or other identifier: X7 Hall Floor: 1
Please circle if QA Measurement: Blank Duplicate

41

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361761

Start Time: 1107 Stop Time: 1134
Room # or other identifier: W7 Floor: 1
Please circle if QA Measurement: Blank Duplicate

42

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353216

Start Time: 1108 Stop Time: 1131
Room # or other identifier: W9 Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBDCES
4,5,6
12-1-14

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

43

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361681

Start Time: 1110 Stop Time: 1132
Room # or other identifier: W10 Floor: 1
Please circle if QA Measurement: Blank Duplicate

44

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361695

Start Time: 1112 Stop Time: 1133
Room # or other identifier: W8 Floor: 1
Please circle if QA Measurement: Blank Duplicate

45

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353187

Start Time: 1112 Stop Time: 1133
Room # or other identifier: W8 Floor: 1
Please circle if QA Measurement: Blank Duplicate

46

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361779

Start Time: 1113 Stop Time: 1135
Room # or other identifier: W5 Floor: 1
Please circle if QA Measurement: Blank Duplicate

47

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353142

Start Time: 1113 Stop Time: 1135
Room # or other identifier: W5 Floor: 1
Please circle if QA Measurement: Blank Duplicate

48

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353151

Start Time: 1113 Stop Time: 1135
Room # or other identifier: W Area Rear Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES 12/1/14 - Page 9 of 11

4,5,6

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

49 REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2361766

Start Time: 1116 Stop Time: 1136

Room # or other identifier: W4 Storage Floor: 1

Please circle if QA Measurement: Blank Duplicate

50 REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2361757

Start Time: 1117 Stop Time: 1138

Room # or other identifier: W3 Floor: 1

Please circle if QA Measurement: Blank Duplicate

51 REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2361740

Start Time: 1117 Stop Time: 1138 - Tampered w/ opened

Room # or other identifier: W Area Mid Floor: 1

Please circle if QA Measurement: Blank Duplicate

52 REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2361858

Start Time: 1118 Stop Time: 1139

Room # or other identifier: W Area Front Floor: 1

Please circle if QA Measurement: Blank Duplicate

53 REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2353202

Start Time: 1120 Stop Time: 1140

Room # or other identifier: Cont Shop Floor: 1

Please circle if QA Measurement: Blank Duplicate

54 REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2353217

Start Time: 1121 Stop Time: 1141

Room # or other identifier: W2 Tool Room Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
4,5,6
12-1-14

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Bar Code Label

55

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361743

Start Time: 1123 Stop Time: 1143
m # or other identifier: W1 Floor: 1
se circle if QA Measurement: Blank Duplicate

56

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361824

Start Time: 1123 Stop Time: 1143
or other identifier: W1 Floor: 1
e circle if QA Measurement: Blank Duplicate

57

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361871

Start Time: 1124 Stop Time: 1143
Room # or other identifier: Const Shop Garage Floor: 1
Please circle if QA Measurement: Blank Duplicate

58

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361845

Start Time: 1128 Stop Time: 1148
Room # or other identifier: X16A Floor: 1
Please circle if QA Measurement: Blank Duplicate

59

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361781

Start Time: 1128 Stop Time: 1148
Room # or other identifier: X16 Shop Floor: 1
Please circle if QA Measurement: Blank Duplicate

60

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353229

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

MIBOCES
4,5,6

12-1-14 –

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.

61

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353194

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

62

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353089

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