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 8 Pool

Address: 41 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: 6

PLEASE CIRCLE APPROPRIATE CONDITIONS

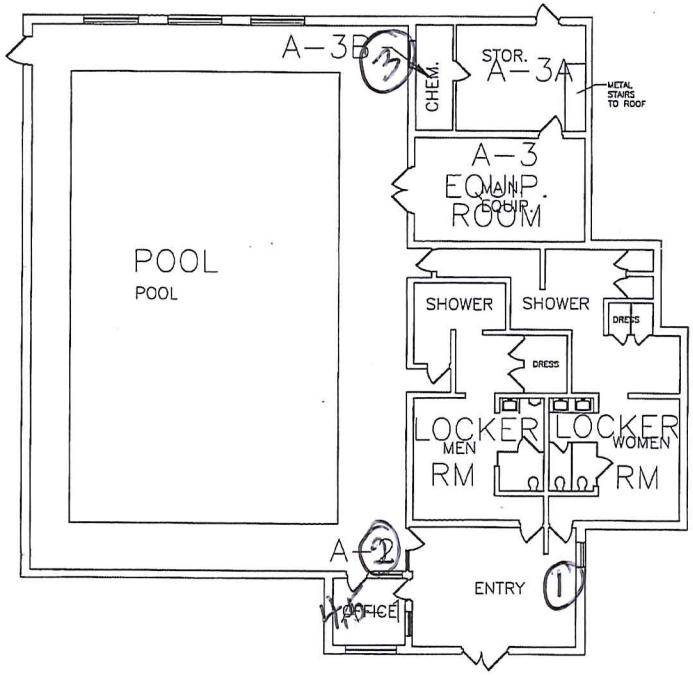
Building Type: Day Care-(D) Residential-(R) Non-Residential-(N) School-(S) Public School-(P) Unknown-(U)

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



N

MONROE #1

BOCES

Innovation
Collaboration
Leadership

DRAWING TITLE:
Building 8
41 O'Connor Road
Fairport, NY 14450

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.

1 Blank

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

Page 1 of 1

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.

1

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361742

Start Time: 1138 Stop Time: 1223

om # or other identifier: Entry Floor: 1

ase circle if QA Measurement: Blank Duplicate

2

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361755

Start Time: 1138 Stop Time: 1223

m # or other identifier: Pool Floor: 1

se circle if QA Measurement: Blank Duplicate

3

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353206

Start Time: 1139 Stop Time: 1223

om # or other identifier: Pool Floor: 1

ase circle if QA Measurement: Blank Duplicate

4

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353174

Start Time: 1139 Stop Time: 1223

om # or other identifier: Office Floor: 1

ase circle if QA Measurement: Blank Duplicate

5

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353103

Start Time: 1139 Stop Time: 1223

Room # or other identifier: Office Floor: 1

Please circle if QA Measurement: Blank Duplicate

6

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361756

Start Time: — Stop Time: —

Room # or other identifier: — Floor: —

Please circle if QA Measurement: Blank Duplicate