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 9/10
Address: 25 O'Connor Road
City: Fairport State: NY Zip: 14450
Placed by ID#: Retrieved by ID#:
Start Date: 12/9/2014 Stop Date: 12/ /2014
Total # of detectors for this building:

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)

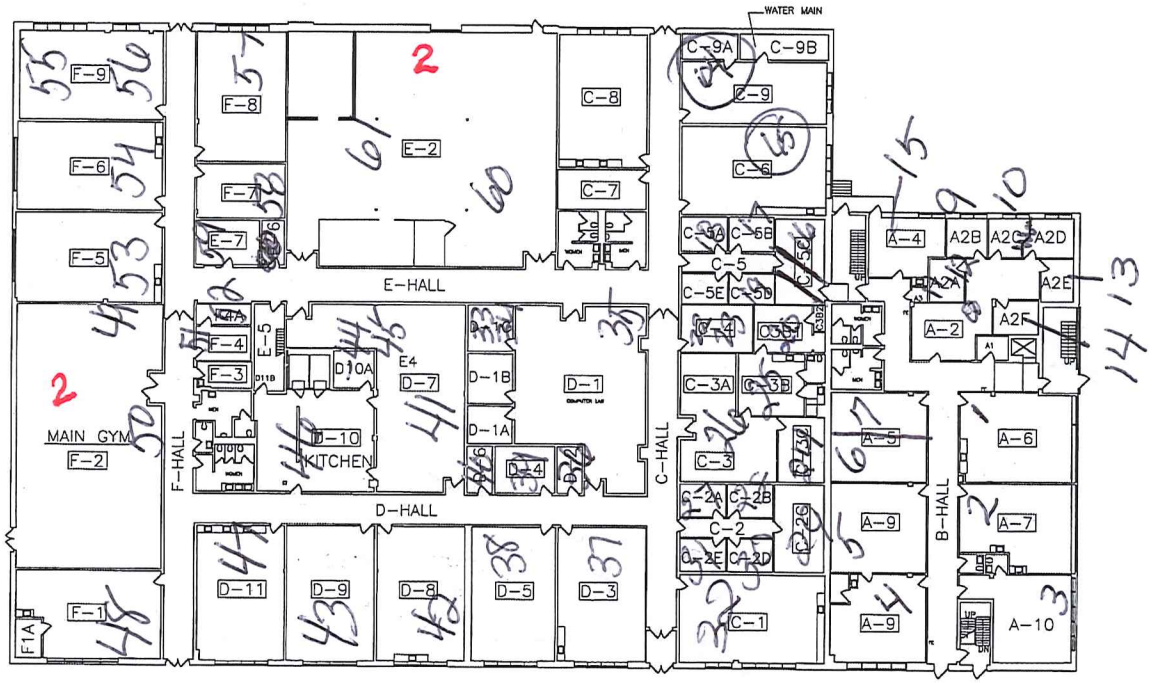
Purpose of Test: Standard-(S) Real Estate-(R) Duplicate-(DP) Blank-(BL) Post Mitigation-(POM)

Test Conditions: Open House-(OH) Closed House-(CH) Rainy-(RA) Windy-(WY) Unknown-(NO)

15-45°F, snow

E6 - could not get in

3 blanks



MONROE #1

BOCES

Innovation
Collaboration
Leadership

DRAWING TITLE:
Building 9 & 10
1st. Floor
41 O'Connor Road
Fairport, NY 14450

SCALE:	DATE: 01/06/2009
DES. BY:	OR. BY: HUNT ENGINEERS ARCHITECTS & SURV
CK'D BY:	PROJECT NO.
SHEET NO. 1 OF 1	DRAWING NO.

N:\2117-000_BASE\OConnor-Road\BLDG9&10-1st.dwg 1/6/2009 3:54:17 PM

MIBOCES
9/10

12/9/2014 – 12/11/14

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
2353213

Start Time: 113 Stop Time: 236

om # or other identifier: A6 Floor: 1

ase circle if QA Measurement: Blank Duplicate

2

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353096

Start Time: 117 Stop Time: 236

Room # or other identifier: A7 Floor: 1

Please circle if QA Measurement: Blank Duplicate

3

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353239

Start Time: 117 Stop Time: 236

Room # or other identifier: A10 Floor: 1

Please circle if QA Measurement: Blank Duplicate

4

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353176

Start Time: Stop Time: 236

Room # or other identifier: A9 Floor: 1

lease circle if QA Measurement: Blank Duplicate

5

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353097

Start Time: 120 Stop Time: 236

Room # or other identifier: A8 Floor: 1

Please circle if QA Measurement: Blank Duplicate

6

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353218

Start Time: 121 Stop Time: 236

Room # or other identifier: A5A Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
9/10

12/9/14 - 12/11/14

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Bar Code Label

7
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361794
Start Time: 121 Stop Time: 236
Room # or other identifier: A5 Floor: 1
Please circle if QA Measurement: Blank Duplicate

8
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361718
Start Time: 124 Stop Time: 237
Room # or other identifier: A2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

9
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361731
Start Time: 125 Stop Time: 237
Room # or other identifier: ~~A2A~~ A2B Floor: 1
Please circle if QA Measurement: Blank Duplicate

10
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361727
Start Time: 125 Stop Time: 238
Room # or other identifier: ~~A2B~~ A2C Floor: 1
Please circle if QA Measurement: Blank Duplicate

11
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361730
Start Time: 126 Stop Time: 238
Room # or other identifier: A2A Floor: 1
Please circle if QA Measurement: Blank Duplicate

12
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357713
Start Time: 126 Stop Time: 238
Room # or other identifier: A2A Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
9/10

12/9/14 - 12/11/14

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Bar Code Label

13 REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2357638

Start Time: 127 Stop Time: 239

or other identifier: A2E Floor: 1

e circle if QA Measurement: Blank Duplicate

14 REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2361102

Start Time: 127 Stop Time: 239

oom # or other identifier: A2F Floor:

ease circle if QA Measurement: Blank Duplicate

15 REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2357696

Start Time: 128 Stop Time: 240

om # or other identifier: AH Floor: 1

ase circle if QA Measurement: Blank Duplicate

16 REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2357697

Start Time: 130 Stop Time: 241

oom # or other identifier: C5C Floor: 1

ease circle if QA Measurement: Blank Duplicate

17 REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2357708

Start Time: 131 Stop Time: 241

om # or other identifier: C5B Floor: 1

ase circle if QA Measurement: Blank Duplicate

18 REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2357648

Start Time: 131 Stop Time: 242

Room # or other identifier: C5A Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
9/10

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Bar Code Label

19

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357611

Start Time: 132 Stop Time: 241

or other identifier: C5D Floor: 1

circle if QA Measurement: Blank Duplicate

20

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357637

Start Time: 132 Stop Time: 242

Room # or other identifier: C3B1 Floor: 1

Please circle if QA Measurement: Blank Duplicate

21

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357632

Start Time: 132 Stop Time: 242

Room # or other identifier: C5E Floor: 1

Please circle if QA Measurement: Blank Duplicate

22

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357643

Start Time: 133 Stop Time: 243

Room # or other identifier: C4 Floor: 1

Please circle if QA Measurement: Blank Duplicate

23

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361843

Start Time: 133 Stop Time: 243

Room # or other identifier: C4 Floor: 1

Please circle if QA Measurement: Blank Duplicate

24

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357706

Start Time: 134 Stop Time: 244

Room # or other identifier: C30 Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
9/10

12/9/2014 12/11/14

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Bar Code Label

25

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357619

Start Time: 137 Stop Time: 244

or other identifier: C3B Floor: 1

circle if QA Measurement: Blank Duplicate

26

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361788

Start Time: 138 Stop Time: 244

Room # or other identifier: C3 Floor: 1

Please circle if QA Measurement: Blank Duplicate

27

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357714

Start Time: 140 Stop Time: 246

Room # or other identifier: C2A Floor: 1

Please circle if QA Measurement: Blank Duplicate

28

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361912

Start Time: 141 Stop Time: 246

Room # or other identifier: C2B Floor: 1

Please circle if QA Measurement: Blank Duplicate

29

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357615

Start Time: 142 Stop Time: 247

Room # or other identifier: C2C Floor: 1

Please circle if QA Measurement: Blank Duplicate

30

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361107

Start Time: 143 Stop Time: 247

Room # or other identifier: C2D Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
9/10
12/9/14 – 12/11/14

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Bar Code Label

31
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357705

Start Time: 142 Stop Time: 247
om # or other identifier: C2E Floor: 1
ase circle if QA Measurement: Blank Duplicate

32
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361838

Start Time: 142 Stop Time: 248
oom # or other identifier: C1 Floor: 1
lease circle if QA Measurement: Blank Duplicate

33
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361805

Start Time: 144 Stop Time: 249
om # or other identifier: D1C Floor: 1
ase circle if QA Measurement: Blank Duplicate

34
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361817

Start Time: 144 Stop Time: 249
om # or other identifier: D1C Floor: 1
ease circle if QA Measurement: Blank Duplicate

35
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357647

Start Time: 145 Stop Time: 249
- Kids @ Work
oom # or other identifier: D1 Floor: 1
lease circle if QA Measurement: Blank Duplicate

36
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361784

Start Time: 152 Stop Time: 252
Room # or other identifier: D2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
9/10

12-9-14 -
12-11-14

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Bar Code Label

37
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357598

Start Time: 152 Stop Time: 252
Room # or other identifier: D3 Floor: 1
Please circle if QA Measurement: Blank Duplicate

38
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361076

Start Time: 153 Stop Time: 252
Room # or other identifier: D5 Floor: 1
Please circle if QA Measurement: Blank Duplicate

39
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358046

Start Time: 153 Stop Time: 252
Room # or other identifier: D4 Floor: 1
Please circle if QA Measurement: Blank Duplicate

40
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358017

Start Time: 154 Stop Time: 253
Room # or other identifier: D6 Floor: 1
Please circle if QA Measurement: Blank Duplicate

41
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361925

Start Time: 154 Stop Time: 252
Room # or other identifier: D7 Floor: 1
Please circle if QA Measurement: Blank Duplicate

42
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357690

Start Time: 155 Stop Time: 254
Room # or other identifier: D8 Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
9/10

12/9/14 – 12/11/14

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Bar Code Label

43

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357704

Start Time: 155 Stop Time: 254

or other identifier: D9 Floor: 1

circle if QA Measurement: Blank Duplicate

44

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361122

Start Time: 156 Stop Time: 253

om # or other identifier: D10A Floor: 1

ase circle if QA Measurement: Blank Duplicate

45

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361924

Start Time: 156 Stop Time: 253

oom # or other identifier: D10A Floor: 1

lease circle if QA Measurement: Blank Duplicate

46

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361789

Start Time: 157 Stop Time: 253

Room # or other identifier: D10 Floor: 1

Please circle if QA Measurement: Blank Duplicate

47

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357642

Start Time: 159 Stop Time: 254

Room # or other identifier: D11 Floor: 1

Please circle if QA Measurement: Blank Duplicate

48

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361833

Start Time: 159 Stop Time: 255

Room # or other identifier: F1 Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
9/10

12/9/14 – 12/11/14

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Bar Code Label

49
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361799
Start Time: 201 Stop Time: 256
m # or other identifier: Gym Floor: 1
se circle if QA Measurement: Blank Duplicate

50
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357636
Start Time: 201 Stop Time: 256
om # or other identifier: Gym Floor: 1
ase circle if QA Measurement: Blank Duplicate

51
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361091
Start Time: 202 Stop Time: 257
Room # or other identifier: FH Floor: 1
Please circle if QA Measurement: Blank Duplicate

52
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361922
Start Time: 203 Stop Time: 257
oom # or other identifier: F4A Floor: 1
lease circle if QA Measurement: Blank Duplicate

53
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361786
Start Time: 204 Stop Time: 258
oom # or other identifier: F5 Floor: 1
Please circle if QA Measurement: Blank Duplicate

54
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361261
Start Time: 205 Stop Time: 258
Room # or other identifier: F6 Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
9/10

12/9/14 -
12/11/14

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Bar Code Label

(55)
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361870

Start Time: 205 Stop Time: 258
om # or other identifier: F9 Floor: 1
ase circle if QA Measurement: Blank Duplicate

(56)
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361087

Start Time: 205 Stop Time: 258
oom # or other identifier: F9 Floor: 1
lease circle if QA Measurement: Blank Duplicate

57
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361806

Start Time: 206 Stop Time: 259
Room # or other identifier: F8 Floor: 1
Please circle if QA Measurement: Blank Duplicate

58
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361900

Start Time: 206 Stop Time: 259
Room # or other identifier: E7 Floor: 1
Please circle if QA Measurement: Blank Duplicate

59
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361918

Start Time: 206 Stop Time: 300
Room # or other identifier: E7 Floor: 1
Please circle if QA Measurement: Blank Duplicate

60
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361879

Start Time: 209 Stop Time: 301
Room # or other identifier: E2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
9/10

12/9/14 - 12/11/14

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61 **Bar Code Label**

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361873

Start Time: 209 Stop Time: 302
Room # or other identifier: E2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

62

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357639

Start Time: 210 Stop Time: 302
Room # or other identifier: C7 Floor: 1
Please circle if QA Measurement: Blank Duplicate

63

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361112

Start Time: 211 Stop Time: 303
Room # or other identifier: C8 Floor: 1
Please circle if QA Measurement: Blank Duplicate

64

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361903

Start Time: 212 Stop Time: 303
Room # or other identifier: C9 Floor: 1
Please circle if QA Measurement: Blank Duplicate

65

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361919

Start Time: 212 Stop Time: 303
Room # or other identifier: C6 Floor: 1
Please circle if QA Measurement: Blank Duplicate

~~66~~ 64

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361907

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

MIBOCES
9/10

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Bar Code Label

67

REMOVE ... PORTION ...
TO TEST INFORMATION FORM
2357935

Start Time: _____ Stop Time: _____

or other identifier: _____ Floor: _____

circle if QA Measurement: Blank Duplicate

68

REMO... ...RTION AN...
TO TEST ... ORMATION FOR
2361876

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

69

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

70

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

71

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

72

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate