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: Foreman Center Bldg 1
Address: 41 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

MIBOCES
Foreman Center
Bldg 1 12/9/14-12/11/14 Page 1 of 19

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

182
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353143

Start Time: 918 Stop Time: 132
Room # or other identifier: E2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

183
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361793

Start Time: 919 Stop Time: 134
Room # or other identifier: E5A Floor: 1
Please circle if QA Measurement: Blank Duplicate

184
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353167

Start Time: 919 Stop Time: 134
Room # or other identifier: E5B Floor: 1
Please circle if QA Measurement: Blank Duplicate

185
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353146

Start Time: 920 Stop Time: 134
Room # or other identifier: E5C Floor: 1
Please circle if QA Measurement: Blank Duplicate

186
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353107

Start Time: 920 Stop Time: 134
Room # or other identifier: E5 Floor: 1
Please circle if QA Measurement: Blank Duplicate

187
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353185

Start Time: 920 Stop Time: 134
Room # or other identifier: E5D Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center Bldg 1

12/9/14-12/11/14 Page 2 of 19

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.

188

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353219

Start Time: 921 Stop Time: 135

Room # or other identifier: E5E Floor: 1

Please circle if QA Measurement: Blank Duplicate

189

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353189

Start Time: 921 Stop Time: 135

Room # or other identifier: E5E Floor: 1

Please circle if QA Measurement: Blank Duplicate

190

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361807

Start Time: 921 Stop Time: 135

Room # or other identifier: E5F Floor: 1

Please circle if QA Measurement: Blank Duplicate

191

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353122

Start Time: 922 Stop Time: 135

Room # or other identifier: E5G Floor: 1

Please circle if QA Measurement: Blank Duplicate

192

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361795

Start Time: 924 Stop Time: 136

Room # or other identifier: E3 Floor: 1

Please circle if QA Measurement: Blank Duplicate

193

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361642

Start Time: 924 Stop Time: 136

Room # or other identifier: E3A Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
Foreman Center
Bldg 1

12/9/14 - 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

194
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361797

Start Time: 925 Stop Time: 136
Room # or other identifier: E4 Floor: 1
Please circle if QA Measurement: Blank Duplicate

195
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361851

Start Time: 925 Stop Time: 136
Room # or other identifier: F1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

196
[illegible] PORTION AND AFFIX [illegible] INFORMATION FORM
2353169

Start Time: 933 Stop Time: 137
Room # or other identifier: E2A Floor: 1
Please circle if QA Measurement: Blank Duplicate

197
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361850

Start Time: 933 Stop Time: 137
Room # or other identifier: E2B Floor: 1
Please circle if QA Measurement: Blank Duplicate

198
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361711

Start Time: 933 Stop Time: 137
Room # or other identifier: E2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

199
[illegible] THIS PORTION AND AFFIX [illegible] TO TEST INFORMATION FORM
2353070

Start Time: 934 Stop Time: 138
Room # or other identifier: E2C Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
Foreman Center
Bldg 1

12/9/14 - 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.

(200)

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361738

Start Time: 934 Stop Time: 138

oom # or other identifier: E2C Floor: 1

ease circle if QA Measurement: Blank Duplicate

201

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361726

Start Time: 935 Stop Time: 138

Room # or other identifier: E1C Floor: 1

Please circle if QA Measurement: Blank Duplicate

202

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361776

Start Time: 935 Stop Time: 139

Room # or other identifier: E1B Floor: 1

Please circle if QA Measurement: Blank Duplicate

203

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361729

Start Time: 935 Stop Time: 139

Room # or other identifier: E1D Floor: 1

Please circle if QA Measurement: Blank Duplicate

204

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361836

Start Time: 937 Stop Time: 140

Room # or other identifier: ~~E1A~~ D1 Floor: 1

Please circle if QA Measurement: Blank Duplicate

205

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361798

Start Time: 936 Stop Time: 139

Room # or other identifier: E1F Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOGES
Foreman Center
Bldg 1

12/9/14 - 12/11/14

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Bar Code Label

206

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361796

Start Time: 939 Stop Time: 141

Room # or other identifier: D2 Floor: 1

Please circle if QA Measurement: Blank Duplicate

207

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361811

Start Time: 939 Stop Time: 141

Room # or other identifier: D5B Floor: 1

Please circle if QA Measurement: Blank Duplicate

208

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361643

Start Time: 941 Stop Time: 143

Room # or other identifier: D4C Floor: 1

Please circle if QA Measurement: Blank Duplicate

209

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361775

Start Time: 942 Stop Time: 143

Room # or other identifier: Maint Floor: 1

Please circle if QA Measurement: Blank Duplicate

210

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361710

Start Time: 943 Stop Time: 143

Room # or other identifier: D4A Floor: 1

Please circle if QA Measurement: Blank Duplicate

211

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361732

Start Time: 944 Stop Time: 143

Room # or other identifier: D4A - small Floor: 1

Please circle if QA Measurement: Blank Duplicate

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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

212

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353183

Start Time: 944 Stop Time: 143

Room # or other identifier: D4A-small Floor: 1

Please circle if QA Measurement: Blank Duplicate

213

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353171

Start Time: 945 Stop Time: 144

Room # or other identifier: D5 Floor: 1

Please circle if QA Measurement: Blank Duplicate

214

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353192

Start Time: 946 Stop Time: 144

Room # or other identifier: D5A Floor: 1

Please circle if QA Measurement: Blank Duplicate

215

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353214

Start Time: 947 Stop Time: 145

Room # or other identifier: D7 Floor: 1

Please circle if QA Measurement: Blank Duplicate

216

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353237

Start Time: 948 Stop Time: 145

Room # or other identifier: D7 Floor: 1

Please circle if QA Measurement: Blank Duplicate

217

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353076

Start Time: ~~948~~ 949 Stop Time: 146

Room # or other identifier: D8 office Floor: 1

A8

Please circle if QA Measurement: Blank Duplicate

Monroe BOCES
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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

218
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361774
Start Time: 950 Stop Time: 144
oom # or other identifier: A7 Floor: 1
lease circle if QA Measurement: Blank Duplicate

219
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361723
Start Time: 951 Stop Time: 147
Room # or other identifier: A6 | C6E Floor: 1
Please circle if QA Measurement: Blank Duplicate

220
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361852
Start Time: 952 Stop Time: 147 *was on ground
Room # or other identifier: C6F Floor: 1
Please circle if QA Measurement: Blank Duplicate

221
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361816
Start Time: 952 Stop Time: 148
Room # or other identifier: C6D Floor: 1
Please circle if QA Measurement: Blank Duplicate

222
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361809
Start Time: 953 Stop Time: 148
Room # or other identifier: C6G Floor: 1
Please circle if QA Measurement: Blank (Duplicate)

223
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361849
Start Time: 953 Stop Time: 149
Room # or other identifier: C6G Floor: 1
Please circle if QA Measurement: Blank (Duplicate)

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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

224
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361835

Start Time: 954 Stop Time: 149
Room # or other identifier: C6B C Floor: 1
Please circle if QA Measurement: Blank Duplicate

225
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361772

Start Time: 955 Stop Time: 149
Room # or other identifier: C6D Floor: 1
Please circle if QA Measurement: Blank Duplicate

226
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361810

Start Time: 955 Stop Time: 149
Room # or other identifier: C6B Floor: 1
Please circle if QA Measurement: Blank Duplicate

227
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361814

Start Time: 955 Stop Time: 149
Room # or other identifier: C61 Floor: 1
Please circle if QA Measurement: Blank Duplicate

228
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361819

Start Time: 955 Stop Time: 149
Room # or other identifier: C6A Floor: 1
Please circle if QA Measurement: Blank Duplicate

229
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361815

Start Time: 951 Stop Time: 152
Room # or other identifier: A5 Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
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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

230
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361813

Start Time: 958 Stop Time: 153
Room # or other identifier: A5 Storage Floor: 1
Please circle if QA Measurement: Blank Duplicate

231
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361634

Start Time: 1002 Stop Time: 154
Room # or other identifier: B5 Floor: 1
Please circle if QA Measurement: Blank Duplicate

232
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361687

Start Time: 1004 Stop Time: 154
Room # or other identifier: B1 Floor: 1
Please circle if QA Measurement: Blank Duplicate

233
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361717

Start Time: 1004 Stop Time: 155
Room # or other identifier: B2/B3 Floor: 1
Please circle if QA Measurement: Blank (Duplicate)

234
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361853

Start Time: 1004 Stop Time: 155
Room # or other identifier: B2/B3 Floor: 1
Please circle if QA Measurement: Blank (Duplicate)

235
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361736

Start Time: 1005 Stop Time: 156
Room # or other identifier: A2 Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
Foreman Center
Bldg 1

12/9/14 - 12/11/2014

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Bar Code Label

7310
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361722

Start Time: 1012 Stop Time: 156
oom # or other identifier: B7 rear Floor: 1
lease circle if QA Measurement: Blank Duplicate

237
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361735

Start Time: 1012 Stop Time: 156
Room # or other identifier: B7 front Floor: 1
Please circle if QA Measurement: Blank Duplicate

238
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361768

Start Time: 1013 Stop Time: 157
Room # or other identifier: store Floor: 1
Please circle if QA Measurement: Blank Duplicate

239
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361812

Start Time: 1013 Stop Time: 158
oom # or other identifier: B10 - Front Floor: 1
lease circle if QA Measurement: Blank Duplicate

240
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361728

Start Time: 1013 Stop Time: 158
oom # or other identifier: B10 storage Floor: 1
lease circle if QA Measurement: Blank Duplicate

241
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361716

Start Time: 1014 Stop Time: 159
Room # or other identifier: B9 Office Floor: 1
Please circle if QA Measurement: Blank Duplicate

MIBOCES
FC Bldg 1
12/9/14 - 12/11/14

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242

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361734

Start Time: 1014 Stop Time: 159

or other identifier: B9 Floor: 1

circle if QA Measurement: Blank Duplicate

243

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361719

Start Time: 1015 Stop Time: 200

or other identifier: B11 Floor: 1

e circle if QA Measurement: Blank Duplicate

244

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361778

Start Time: 1016 Stop Time: 202

or other identifier: B12 Floor: 1

ase circle if QA Measurement: Blank Duplicate

245

VE THIS PORTION AND AFFIX TEST INFORMATION FORM
2353137

Start Time: 1016 Stop Time: 202

Room # or other identifier: B12 Floor: 1

lease circle if QA Measurement: Blank Duplicate

246

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353193

Start Time: 1017 Stop Time: 202

Room # or other identifier: B12 B14 Office Floor: 1

Please circle if QA Measurement: Blank Duplicate

247

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361792

Start Time: 1018 Stop Time: 203

m # or other identifier: B14 Office Floor: 1

se circle if QA Measurement: Blank Duplicate

MI BOCES
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Foreman
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248

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353078

Start Time: 1018 Stop Time: 203

oom # or other identifier: B14 office Floor: 1

ease circle if QA Measurement: Blank Duplicate

249

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353234

Start Time: 1019 Stop Time: 203

oom # or other identifier: B14 Floor: 1

lease circle if QA Measurement: Blank Duplicate

250

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353163

Start Time: 1022 Stop Time: 204

Room # or other identifier: B14 - restroom Floor: 1

Please circle if QA Measurement: Blank Duplicate

251

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353095

Start Time: 1024 Stop Time: 206

Room # or other identifier: C3A Floor: 1

Please circle if QA Measurement: Blank Duplicate

252

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353140

Start Time: 1024 Stop Time: 206

Room # or other identifier: C3B Floor: 1

Please circle if QA Measurement: Blank Duplicate

253

EMOVE THIS PORTION AND AFF
TO TEST INFORMATION FORM
2353121

Start Time: 1025 Stop Time: 206

Room # or other identifier: C3C Floor: 1

Please circle if QA Measurement: Blank Duplicate

MI BOCES
Bldg 1
Foreman
12/9/14
12/11/14

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254

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361725

Start Time: 1025 Stop Time: 206

Room # or other identifier: C3D Floor: 1

Please circle if QA Measurement: Blank Duplicate

255

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353156

Start Time: 1026 Stop Time: 207

Room # or other identifier: C4 Floor: 1

Please circle if QA Measurement: Blank (Duplicate)

256

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353232

Start Time: 1026 Stop Time: 207

Room # or other identifier: C4 Floor: 1

Please circle if QA Measurement: Blank (Duplicate)

257

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353155

Start Time: 1027 Stop Time: 207

Room # or other identifier: D15E Floor: 1

Please circle if QA Measurement: Blank Duplicate

258

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361808

Start Time: 1028 Stop Time: 208

Room # or other identifier: D15G Floor: 1

Please circle if QA Measurement: Blank Duplicate

259

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361855

Start Time: 1028 Stop Time: 208

Room # or other identifier: D15/C7 Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES Bldg 1 12/9/14 - 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.

260

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353181

Start Time: 1029 Stop Time: 209

Room # or other identifier: C5 Floor: 1

Please circle if QA Measurement: Blank Duplicate

261

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353182

Start Time: 1030 Stop Time: 209

Room # or other identifier: D15A Floor: 1

Please circle if QA Measurement: Blank Duplicate

262

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353207

Start Time: 1030 Stop Time: 209

Room # or other identifier: D15D Floor: 1

Please circle if QA Measurement: Blank Duplicate

263

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353173

Start Time: 1032 Stop Time: 210

Room # or other identifier: C9J Floor: 1

Please circle if QA Measurement: Blank Duplicate

264

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361706

Start Time: 1033 Stop Time: 210

Room # or other identifier: C9I Floor: 1

Please circle if QA Measurement: Blank Duplicate

265

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353136

Start Time: 1034 Stop Time: 211

Room # or other identifier: C9A Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
Bldg 1
12/9/14 -
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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.

266

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353220

Start Time: 1034 Stop Time: 211

Room # or other identifier: C9B Floor: 1

Please circle if QA Measurement: Blank Duplicate

267

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353172

Start Time: 1034 Stop Time: 211

Room # or other identifier: C9B Floor: 1

Please circle if QA Measurement: Blank Duplicate

268

REMOVE THIS PORTION AND AF TO TEST INFORMATION FORM
2353075

Start Time: 1035 Stop Time: 212

Room # or other identifier: C9H Floor: 1

Please circle if QA Measurement: Blank Duplicate

269

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353161

Start Time: 1035 Stop Time: 212

Room # or other identifier: C9G Floor: 1

Please circle if QA Measurement: Blank Duplicate

270

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353221

Start Time: 1036 Stop Time: 212

Room # or other identifier: C9F Floor: 1

Please circle if QA Measurement: Blank Duplicate

271

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353154

Start Time: 1036 Stop Time: 212

Room # or other identifier: C9E Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center Bldg 1 12/9/14 - 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

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361638

Start Time: 1037 Stop Time: 212

Room # or other identifier: C9D Floor: 1

Please circle if QA Measurement: Blank Duplicate

213

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353118

Start Time: 1037 Stop Time: 217

Room # or other identifier: C9C Floor: 1

Please circle if QA Measurement: Blank Duplicate

214

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361782

Start Time: 1040 Stop Time: 213

Room # or other identifier: D14B-Faculty Rm Floor: 1

Please circle if QA Measurement: Blank Duplicate

215

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353083

Start Time: 1041 Stop Time: 218

Room # or other identifier: C11A Floor: 1

Please circle if QA Measurement: Blank Duplicate

216

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353141

Start Time: 1042 Stop Time: 218

Room # or other identifier: C11B Floor: 1

Please circle if QA Measurement: Blank Duplicate

217

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353230

Start Time: 1043 Stop Time: 219

Room # or other identifier: C11 Floor: 1

Please circle if QA Measurement: Blank (Duplicate)

Monroe 1 BOCES
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Bldg 1
12/9/14 - 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.

278

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353139

Start Time: 1043 Stop Time: 219

Room # or other identifier: C11 Floor: 1

Please circle if QA Measurement: Blank Duplicate

279

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353201

Start Time: 1044 Stop Time: 223

Room # or other identifier: C11D Floor: 1

Please circle if QA Measurement: Blank Duplicate

280

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353162

Start Time: 1044 Stop Time: 223

Room # or other identifier: C14A Floor: 1

Please circle if QA Measurement: Blank Duplicate

281

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353074

Start Time: 1045 Stop Time: 223

Room # or other identifier: C14 Floor: 1

Please circle if QA Measurement: Blank Duplicate

282

REMOVE THIS PORTION AND AFFI
TO TEST INFORMATION FORM
2353117

Start Time: 1045 Stop Time: 223

Room # or other identifier: C14C Floor: 1

Please circle if QA Measurement: Blank Duplicate

283

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353119

Start Time: 1047 Stop Time: 223

Room # or other identifier: C14 Dark Room Floor: 1

Please circle if QA Measurement: Blank Duplicate

Monroe 1 BOCES Foreman Center Bldg 1 12/9/14 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.

284

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353188

Start Time: 1048 Stop Time: 225

Room # or other identifier: C11D Floor: 1

Please circle if QA Measurement: Blank Duplicate

285

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361721

Start Time: 1049 Stop Time: 225

Room # or other identifier: C11B Floor: 1

Please circle if QA Measurement: Blank Duplicate

286

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353116

Start Time: 1050 Stop Time: 225

Room # or other identifier: C11C Floor: 1

Please circle if QA Measurement: Blank Duplicate

287

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353084

Start Time: 1051 Stop Time: 225

Room # or other identifier: C11A Floor: 1

Please circle if QA Measurement: Blank Duplicate

288

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353170

Start Time: 1052 Stop Time: 225

Room # or other identifier: C11E Floor: 1

Please circle if QA Measurement: Blank Duplicate

289

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353180

Start Time: 1052 Stop Time: 225

Room # or other identifier: C11E Floor: 1

Please circle if QA Measurement: Blank Duplicate

Monroe 1 BOCES
Foreman Center
Bldg 1
12/9/14 - 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

290
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361737
Start Time: 1054 Stop Time: 226
m # or other identifier: D13B Floor: 1
se circle if QA Measurement: Blank Duplicate

291
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361854
Start Time: 1055 Stop Time: 226
om # or other identifier: D13A Floor: 1
ease circle if QA Measurement: Blank Duplicate

292
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361777
Start Time: 1057 Stop Time: 226
m # or other identifier: D10 Floor: 1
ase circle if QA Measurement: Blank Duplicate

293
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361720
Start Time: 1058 Stop Time:
om # or other identifier: D8 Floor: 1
ease circle if QA Measurement: Blank Duplicate

294
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353138
Start Time: 1059 Stop Time:
Room # or other identifier: D8 Floor: 1
Please circle if QA Measurement: Blank Duplicate

295
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361773
Start Time: 1100 Stop Time:
Room # or other identifier: D8 Classroom Floor: 1
Please circle if QA Measurement: Blank Duplicate