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: Foremans Center Bldg 293
Address: 41 O'Connor Road
City: Fairport State: NY Zip: 14450
Placed by ID#: Retrieved by ID#:
Start Date: 12/8/2014 Stop Date: 12/ /2014
Total # of detectors for this building: 190

PLEASE CIRCLE APPROPRIATE CONDITIONS

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

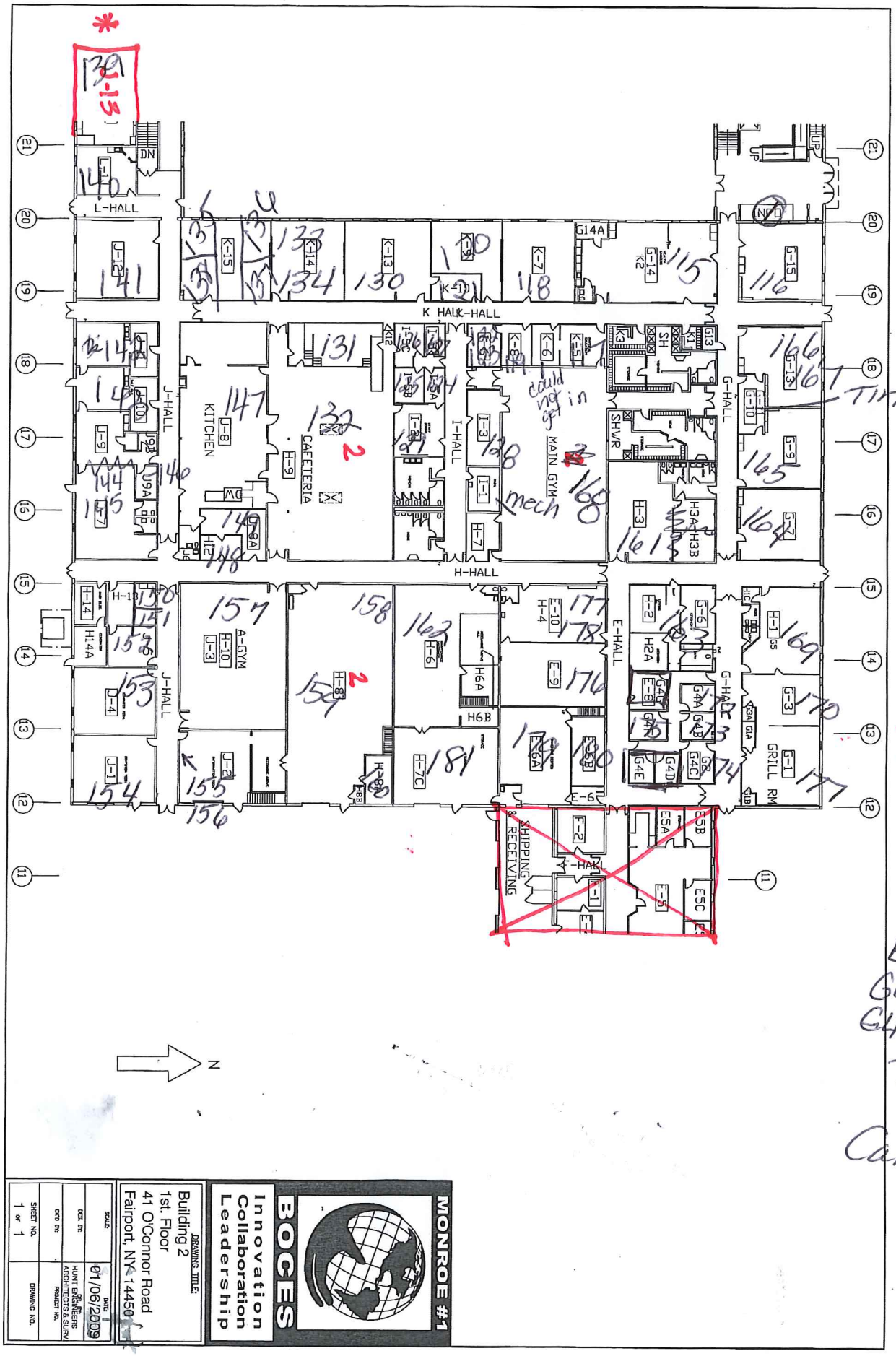
Structural Type of Building: Basement-(B) Crawlspace-(C) Slab-on-grade-(S) Other-(O) Unknown-(U)

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

N:\2117-009_BASE\OConnor-Road\BLDG2-1st.dwg, 1/6/2009 3:45:11 PM



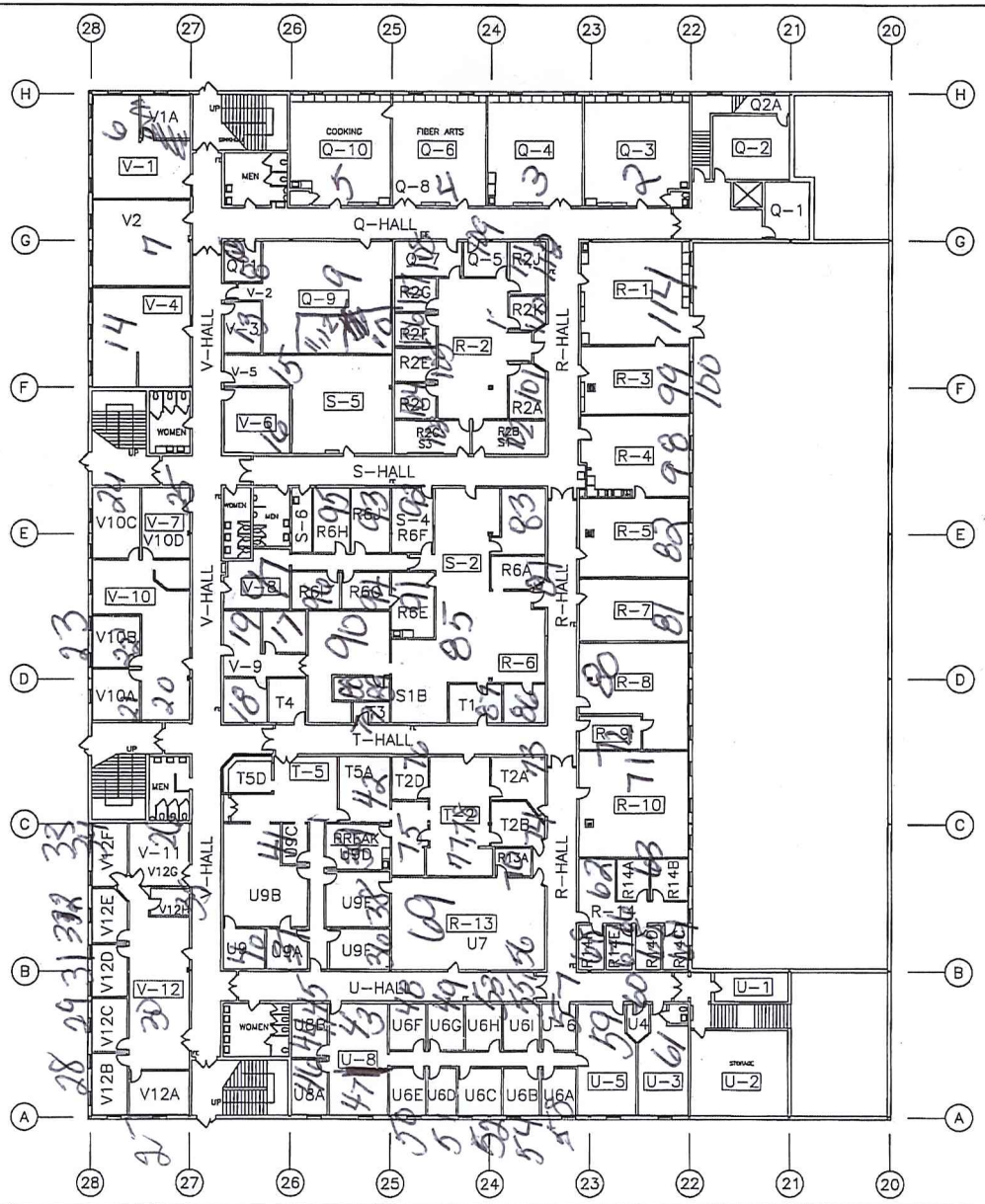
DRAWING TITLE:	Building 2 1st. Floor 41 O'Connor Road Fairport, NY 14450
SCALE:	
DES. BY:	
DRN. BY:	
CHK'D BY:	
DATE:	01/06/2009
PROJECT NO.	
DRAWING NO.	
SHEET NO.	1 of 1

HUNT ENGINEERS ARCHITECTS & SURVEYORS

Innovation Collaboration Leadership

BOCES

MONROE #1



TY-market
Union office

N

MONROE #1 BOCES

Innovation
Collaboration
Leadership

DRAWING TITLE:
Building 3
Lower Level
41 O'Connor Road
Fairport, NY 14450

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

N:\2117-009_BASE\OConnor-Road\BLDG3-lower.dwg, 1/6/2009 3:50:30 PM

MIBOCES
Foreman Center

12/8/14 –

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
2361237

Start Time: 1119 Stop Time: 13:29

Room # or other identifier: Security Booth Floor: 1

Please circle if QA Measurement: Blank Duplicate

2

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361942

Start Time: 1121 Stop Time: 13:31

Room # or other identifier: Q3 Floor: G

Please circle if QA Measurement: Blank Duplicate

3

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361945

Start Time: 1121 Stop Time: 13:32

Room # or other identifier: Q4 Floor: G

Please circle if QA Measurement: Blank Duplicate

4

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358020

Start Time: 1123 Stop Time: 13:32

Room # or other identifier: Q6/Q8 Floor: G

Please circle if QA Measurement: Blank Duplicate

5

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361239

Start Time: 1124 Stop Time: 13:33

oom # or other identifier: Q10 Floor: G

ease circle if QA Measurement: Blank Duplicate

6

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361962

Start Time: 1125 Stop Time: 13:34

Room # or other identifier: V1 Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/14

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
2361980

Start Time: 1126 Stop Time: 13:34

Room # or other identifier: V2 Floor: G

Please circle if QA Measurement: Blank Duplicate

8

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361245

Start Time: 1126 Stop Time: 13:35

Room # or other identifier: Q11 Floor: G

Please circle if QA Measurement: Blank Duplicate

9

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361927

Start Time: 1127 Stop Time: 13:36

Room # or other identifier: Q9 Floor: G

Please circle if QA Measurement: Blank Duplicate

10

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361254

Start Time: 1127 Stop Time: 13:36

Room # or other identifier: Q9 Office Floor: G

Please circle if QA Measurement: Blank Duplicate

11

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361235

Start Time: 1128 Stop Time: 13:37

Room # or other identifier: Q9 Office Floor: G

Please circle if QA Measurement: Blank (Duplicate)

12

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361214

Start Time: 1128 Stop Time: 13:37

Room # or other identifier: Q9 Office Floor: G

Please circle if QA Measurement: Blank (Duplicate)

MI BOCES Foreman Center

12/8/14

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

13

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361256

Start Time: 1128 Stop Time: 13:38

Room # or other identifier: V3 Floor: G

Please circle if QA Measurement: Blank Duplicate

14

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2347023

Start Time: 1129 Stop Time: 13:38

Room # or other identifier: V4 Floor: G

Please circle if QA Measurement: Blank Duplicate

15

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358023

Start Time: 1130 Stop Time: 13:39

Room # or other identifier: S5/V5 Floor: G

Please circle if QA Measurement: Blank Duplicate

16

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361252

Start Time: 1130 Stop Time: 13:39

Room # or other identifier: V6 Floor: G

Please circle if QA Measurement: Blank Duplicate

17

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361957

Start Time: 1134 Stop Time: 13:41

Room # or other identifier: V9 office Floor: G

Please circle if QA Measurement: Blank Duplicate

18

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361195

Start Time: 1134 Stop Time: 13:41

Room # or other identifier: V9 Office Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/14 -

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
2361127

Start Time: 1135 Stop Time: 13:41

Room # or other identifier: VA Common Floor: G

Please circle if QA Measurement: Blank Duplicate

20

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361950

Start Time: 1136 Stop Time: 13:42

Room # or other identifier: V10 Floor: G

Please circle if QA Measurement: Blank Duplicate

21

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358022

Start Time: 1137 Stop Time: 13:45

Room # or other identifier: V10A Floor: G

Please circle if QA Measurement: Blank Duplicate

22

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361973

Start Time: 1138 Stop Time: 13:45

Room # or other identifier: V10B Floor: G

Please circle if QA Measurement: Blank Duplicate

23

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361936

Start Time: 1138 Stop Time: 13:45

Room # or other identifier: V10B Floor: G

Please circle if QA Measurement: Blank Duplicate

24

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361928

Start Time: 1139 Stop Time: 13:45

Room # or other identifier: V10C Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/14

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
2361975

Start Time: 1139 Stop Time: 1257

Room # or other identifier: V10D Floor: G

Please circle if QA Measurement: Blank Duplicate

26

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361932

Start Time: 1152 Stop Time: 13:16

Room # or other identifier: V11 Floor: G

Please circle if QA Measurement: Blank Duplicate

27

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357982

Start Time: 1154 Stop Time: 1347

Room # or other identifier: V12A Floor: G

Please circle if QA Measurement: Blank Duplicate

28

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361193

Start Time: 1154 Stop Time: 1347

Room # or other identifier: V12B Floor: G

Please circle if QA Measurement: Blank Duplicate

29

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361251

Start Time: 1155 Stop Time: 1348

Room # or other identifier: V12C Floor: G

Please circle if QA Measurement: Blank Duplicate

30

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361966

Start Time: 1155 Stop Time: 13/48

Room # or other identifier: V12 Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/2014

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

31

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361968

Start Time: 1155 Stop Time: 13:45

Room # or other identifier: V12D Floor: G

Please circle if QA Measurement: Blank Duplicate

32

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361949

Start Time: 1155 Stop Time: 13:48

Room # or other identifier: V12E Floor: G

Please circle if QA Measurement: Blank Duplicate

33

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361964

Start Time: 1156 Stop Time: 13:49

Room # or other identifier: V12F Floor: G

Please circle if QA Measurement: Blank Duplicate

34

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361935

Start Time: 1156 Stop Time: 13:50

oom # or other identifier: V12F Floor: G

lease circle if QA Measurement: Blank Duplicate

35

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357977

Start Time: 1157 Stop Time: 13:50

oom # or other identifier: V12H Floor: G

ease circle if QA Measurement: Blank Duplicate

36

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361250

Start Time: 1204 Stop Time: 13:51

Room # or other identifier: U9F Floor: G

Please circle if QA Measurement: Blank Duplicate

MIDOCES Foreman Center

12/8/14

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
2361946

Start Time: 1204 Stop Time: 13:51

Room # or other identifier: U9A Floor: G

Please circle if QA Measurement: Blank Duplicate

38

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361867

Start Time: 1205 Stop Time: 13:52

Room # or other identifier: U9E/T5 Floor: G

Please circle if QA Measurement: Blank Duplicate

39

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361951

Start Time: 1205 Stop Time: 13:52

Room # or other identifier: U9D Floor: G

Please circle if QA Measurement: Blank Duplicate

40

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361947

Start Time: 1206 Stop Time: 13:52

Room # or other identifier: U9 office Floor: G

Please circle if QA Measurement: Blank Duplicate

41

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361931

Start Time: 1207 Stop Time: 13:53

Room # or other identifier: U9B Floor: G

Please circle if QA Measurement: Blank Duplicate

42

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361967

Start Time: 1208 Stop Time: 13:54

Room # or other identifier: T5A Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/14

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
2357978

Start Time: 1210 Stop Time: 13:56

Room # or other identifier: U8 Floor: G

Please circle if QA Measurement: Blank Duplicate

44

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361970

Start Time: 1210 Stop Time: 13:56

Room # or other identifier: U8B Floor: G

Please circle if QA Measurement: Blank Duplicate

45

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361977

Start Time: 1210 Stop Time: 13:56

Room # or other identifier: U8B Floor: G

Please circle if QA Measurement: Blank Duplicate

46

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361253

Start Time: 1211 Stop Time: 13:56

Room # or other identifier: U8A Floor: G

Please circle if QA Measurement: Blank Duplicate

47

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361974

Start Time: 1211 Stop Time: 13:57

Room # or other identifier: U8C Floor: G

Please circle if QA Measurement: Blank Duplicate

48

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361249

Start Time: 1211 Stop Time: 13:57

Room # or other identifier: U6F Floor: 6

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/14

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

49

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361956

Start Time: 1212 Stop Time: 13:57

Room # or other identifier: U6G Floor: G

Please circle if QA Measurement: Blank Duplicate

50

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361948

Start Time: 1212 Stop Time: 13:57

Room # or other identifier: U6E Floor: G

Please circle if QA Measurement: Blank Duplicate

51

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361979

Start Time: 1213 Stop Time: 13:58

Room # or other identifier: U6D Floor: G

Please circle if QA Measurement: Blank Duplicate

52

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361933

Start Time: 1213 Stop Time: 13:58

Room # or other identifier: U6C Floor: G

Please circle if QA Measurement: Blank Duplicate

53

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361930

Start Time: 1214 Stop Time: 13:58

Room # or other identifier: U6H Floor: G

Please circle if QA Measurement: Blank Duplicate

54

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361938

Start Time: 1215 Stop Time: 13:58

Room # or other identifier: U6B Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/14

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

55

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361929

Start Time: 1215 Stop Time: 13:59

Room # or other identifier: U61 Floor: G

Please circle if QA Measurement: Blank Duplicate

56

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361976

Start Time: 1215 Stop Time: 13:59

Room # or other identifier: U61 Floor: G

Please circle if QA Measurement: Blank Duplicate

57

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361972

Start Time: 1216 Stop Time: 13:59

Room # or other identifier: U6 Floor: G

Please circle if QA Measurement: Blank Duplicate

58

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361190

Start Time: 1216 Stop Time: 14:00

Room # or other identifier: U6A Floor: G

Please circle if QA Measurement: Blank Duplicate

59

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357983

Start Time: 1216 Stop Time: 14:00

Room # or other identifier: U5 Floor: G

Please circle if QA Measurement: Blank Duplicate

60

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361192

Start Time: 1217 Stop Time: 14:01

Room # or other identifier: UH Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES
Foreman
Center

12/8/14

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

61

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361953

Start Time: 1218 Stop Time: 2:02

Room # or other identifier: U3 Floor: G

Please circle if QA Measurement: Blank Duplicate

62

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361868

Start Time: 1221 Stop Time: 2:05 14 05

om # or other identifier: R14 Floor: G

ase circle if QA Measurement: Blank Duplicate

63

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361944

Start Time: 1222 Stop Time: 2:05 14 05

oom # or other identifier: R14A/B Floor: G

ease circle if QA Measurement: Blank Duplicate

64

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361955

Start Time: 1222 Stop Time: 2:05 14 05

om # or other identifier: R14C Floor: G

ase circle if QA Measurement: Blank Duplicate

65

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361196

Time: 1223 Stop Time: 2:05 14 05

n # or other identifier: R14D Floor: G

Please circle if QA Measurement: Blank Duplicate

66

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361959

Start Time: 1223 Stop Time: 2:06 14:06

n # or other identifier: R14E Floor: G

e circle if QA Measurement: Blank Duplicate

MBOCES Foreman Center

12/8/14 -

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.

67

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361236

Start Time: 1223 Stop Time: 14:06

Room # or other identifier: R14E Floor: G

Please circle if QA Measurement: Blank Duplicate

68

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361965

Start Time: _____ Stop Time: 14:06

Room # or other identifier: R14F Floor: G

Please circle if QA Measurement: Blank Duplicate

69

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361960

Start Time: 1224 Stop Time: 14:08

Room # or other identifier: R13 Floor: G

Please circle if QA Measurement: Blank Duplicate

70

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361941

Start Time: 1225 Stop Time: 14 08

Room # or other identifier: R13A Floor: G

Please circle if QA Measurement: Blank Duplicate

71

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361246

Start Time: 1226 Stop Time: 14:09

Room # or other identifier: R10 Floor: G

Please circle if QA Measurement: Blank Duplicate

72

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357980

Start Time: 1227 Stop Time: 14:09

Room # or other identifier: R9 Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/14

Page 13 of ~~33~~ 31

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

13

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361243

Start Time: 1230 Stop Time: 14:10

oom # or other identifier: T2A Floor: G

ease circle if QA Measurement: Blank Duplicate

14

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361713

Start Time: 1231 Stop Time: 14:10

Room # or other identifier: T2B Floor: G

Please circle if QA Measurement: Blank Duplicate

15

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361704

Start Time: 1231 Stop Time: 14:10

Room # or other identifier: T2C Floor: G

Please circle if QA Measurement: Blank Duplicate

16

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353077

Start Time: 1232 Stop Time: 14:11

Room # or other identifier: T2D Floor: G

Please circle if QA Measurement: Blank Duplicate

17

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353166

Start Time: 1232 Stop Time: 14:11

m # or other identifier: T2 Floor: G

ase circle if QA Measurement: Blank Duplicate

18

PORTION AND AFFIX INFORMATION FORM
2353186

Start Time: 1232 Stop Time: 14:11

Room # or other identifier: T2 Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/14

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Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361707

Start Time: 1234 Stop Time: 14:11

Room # or other identifier: T3 Floor: G

Please circle if QA Measurement: Blank Duplicate

80

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353108

Start Time: 1235 Stop Time: 14:11

Room # or other identifier: R8 Floor: G

Please circle if QA Measurement: Blank Duplicate

81

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353195

Start Time: 1236 Stop Time: 14:16

Room # or other identifier: R7 Floor: G

Please circle if QA Measurement: Blank Duplicate

82

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353085

Start Time: 1236 Stop Time: 14:16

Room # or other identifier: R5 Floor: G

Please circle if QA Measurement: Blank Duplicate

83

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361712

Start Time: 1239 Stop Time: 14:18

Room # or other identifier: Lisa Ryan Floor: G

Please circle if QA Measurement: Blank Duplicate

84

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353104

Start Time: 1240 Stop Time: 14:18

Room # or other identifier: R6A Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/14

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85

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353159

Start Time: 1242 Stop Time: 14:22

Room # or other identifier: S2/R6 Floor: _____

Please circle if QA Measurement: Blank Duplicate

86

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361685

Start Time: 1242 Stop Time: 14 22

Room # or other identifier: R6 Office Floor: _____

Please circle if QA Measurement: Blank Duplicate

87

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361699

Start Time: 1242 Stop Time: 14 22

Room # or other identifier: T1 Floor: _____

Please circle if QA Measurement: Blank Duplicate

88

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361844

Start Time: 1243 Stop Time: 14 23

Room # or other identifier: Cindy Rohlin Floor: _____

Please circle if QA Measurement: Blank Duplicate

89

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361661

Start Time: 1243 Stop Time: 14 24

Room # or other identifier: Cindy Rohlin Floor: _____

Please circle if QA Measurement: Blank Duplicate

90

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353211

t Time: 1243 Stop Time: _____

m # or other identifier: Business Office Storage Floor: _____

Please circle if QA Measurement: Blank Duplicate

MIROCES Foreman Center

12/8/14 -

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

91

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353164

Start Time: 1248 Stop Time: 14:20

Room # or other identifier: R6E Floor: G

Please circle if QA Measurement: Blank Duplicate

92

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353179

Start Time: 1248 Stop Time: 14:20

Room # or other identifier: R6F Floor: G

Please circle if QA Measurement: Blank Duplicate

93

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357628

Start Time: 1249 Stop Time: 14:22

Room # or other identifier: R6J Floor: G

Please circle if QA Measurement: Blank Duplicate

94

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357634

Start Time: 1249 Stop Time: 14:22

Room # or other identifier: R6G Floor: G

Please circle if QA Measurement: Blank Duplicate

95

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361703

Start Time: 1250 Stop Time: 14:22

oom # or other identifier: R6H Floor: G

ease circle if QA Measurement: Blank Duplicate

96

REMOVE ...ON AND AFFIX TO TEST INFORMATION FORM
2353233

Start Time: 1250 Stop Time: 14:23

Room # or other identifier: R6I Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES
Foreman Center

12/8/14

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

97

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357621

Start Time: 1251 Stop Time: 14:24

Room # or other identifier: V8 Floor: G

Please circle if QA Measurement: Blank Duplicate

98

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361770

Start Time: 1255 Stop Time: 14:32

Room # or other identifier: R4 Floor: G

Please circle if QA Measurement: Blank Duplicate

99

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361696

Start Time: 1255 Stop Time: 14:33

Room # or other identifier: R3 Floor: G

Please circle if QA Measurement: Blank (Duplicate)

100

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353205

Start Time: 1255 Stop Time: 14:33

Room # or other identifier: R3 Floor: G

Please circle if QA Measurement: Blank (Duplicate)

101

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357602

Start Time: 1256 Stop Time: 14:34

Room # or other identifier: R2A Floor: G

Please circle if QA Measurement: Blank Duplicate

102

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357926

Start Time: 1256 Stop Time: 14 34

Room # or other identifier: R2B Floor: G

Please circle if QA Measurement: Blank Duplicate

MIDDOES Foreman Center

12/8/14

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

103

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361134

Start Time: 1257 Stop Time: 14:36

Room # or other identifier: R2C Floor: G

Please circle if QA Measurement: Blank Duplicate

104

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2346928

Start Time: 1257 Stop Time: 14:36

Room # or other identifier: R2D Floor: G

Please circle if QA Measurement: Blank Duplicate

105

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357624

Start Time: 1258 Stop Time: 14:36

Room # or other identifier: R2E Floor: G

Please circle if QA Measurement: Blank Duplicate

106

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357613

Start Time: 1258 Stop Time: 14 37

Room # or other identifier: R2F Floor: G

Please circle if QA Measurement: Blank Duplicate

107

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361257

Start Time: 1259 Stop Time: 14:37

Room # or other identifier: R2G Floor: G

Please circle if QA Measurement: Blank Duplicate

108

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361260

Start Time: 1259 Stop Time: 14:37

Room # or other identifier: R2H Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/14

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

109

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361093

Start Time: 1259 Stop Time: _____

Room # or other identifier: Q5 Floor: G

Please circle if QA Measurement: Blank Duplicate

110

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357916

Start Time: 1259 Stop Time: 14:37

oom # or other identifier: R2K Floor: G

lease circle if QA Measurement: Blank Duplicate

111

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357689

Start Time: 100 Stop Time: 14:37

oom # or other identifier: R2J Floor: G

lease circle if QA Measurement: Blank Duplicate

112

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361144

Start Time: 100 Stop Time: 14:37

oom # or other identifier: R2J Floor: G

lease circle if QA Measurement: Blank Duplicate

113

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361128

Start Time: 101 Stop Time: 1437

Room # or other identifier: R2 Floor: G

Please circle if QA Measurement: Blank Duplicate

114

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361662

Start Time: 102 Stop Time: 14:39

Room # or other identifier: R1 Floor: G

lease circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/14 -

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

115

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357626

Start Time: 203 Stop Time: 14:42

Room # or other identifier: G14 Floor: 1

Please circle if QA Measurement: Blank Duplicate

116

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361207

Start Time: 204 Stop Time: 14:42

Room # or other identifier: G15 Floor: 1

Please circle if QA Measurement: Blank Duplicate

117

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357944

Start Time: 205 Stop Time: 14:43

Room # or other identifier: K5 Floor: 1

Please circle if QA Measurement: Blank Duplicate

118

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357911

Start Time: 206 Stop Time: 14:44

Room # or other identifier: K7 Floor: 1

Please circle if QA Measurement: Blank Duplicate

119

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357590

Start Time: 208 Stop Time: 14:45

Room # or other identifier: K8 Floor: 1

Please circle if QA Measurement: Blank Duplicate

120

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361263

Start Time: 210 Stop Time: 14:45

Room # or other identifier: K9 Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOLES Foreman Center

12/8/14

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

121

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357641

Start Time: 211 Stop Time: 14:46

Room # or other identifier: K10 Floor: 1

Please circle if QA Measurement: Blank Duplicate

122

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361639

Start Time: 212 Stop Time: 14:47

Room # or other identifier: 16 Floor: 1

Please circle if QA Measurement: Blank (Duplicate)

123

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357640

Start Time: 212 Stop Time: 14:47

Room # or other identifier: 16 Floor: 1

Please circle if QA Measurement: Blank (Duplicate)

124

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357607

Start Time: 213 Stop Time: 14:47

Room # or other identifier: 15A Floor: 1

Please circle if QA Measurement: Blank Duplicate

125

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361688

Start Time: 213 Stop Time: 14:47

Room # or other identifier: 15B Floor: 1

Please circle if QA Measurement: Blank Duplicate

126

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361671

Start Time: 213 Stop Time: 14:47

Room # or other identifier: 15C Floor: 1

Please circle if QA Measurement: Blank Duplicate

MI BOCES
Foreman Center

12/8/14

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

127

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361692

Start Time: 213 Stop Time: 14:47

Room # or other identifier: 15D Floor: 1

Please circle if QA Measurement: Blank Duplicate

120

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357945

Start Time: 214 Stop Time: 14:48

Room # or other identifier: 13 Floor: 1

Please circle if QA Measurement: Blank Duplicate

129

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358016

Start Time: 214 Stop Time: 14:49

Room # or other identifier: 12 Floor: 1

Please circle if QA Measurement: Blank Duplicate

130

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361089

Start Time: 215 Stop Time: 14:52

Room # or other identifier: K11 Floor: 1

Please circle if QA Measurement: Blank Duplicate

131

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353196

Start Time: 216 Stop Time: 1453

Room # or other identifier: Cafe Stage H9 Floor: 1

Please circle if QA Measurement: Blank Duplicate

132

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361679

Start Time: 216 Stop Time: 14:53

Room # or other identifier: Cafe H-9 Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
Foreman Center

12/8/14

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

133

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361141

Start Time: 219 Stop Time: 14:54

or other identifier: K14 Floor: 1

circle if QA Measurement: Blank Duplicate

134

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357712

Start Time: 219 Stop Time: 14:54 COVERED

or other identifier: K14 Floor: 1

circle if QA Measurement: Blank Duplicate

135

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361154

Start Time: 220 Stop Time: 14 56

oom # or other identifier: K15 Floor: 1

Please circle if QA Measurement: Blank Duplicate

136

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361085

Start Time: 221 Stop Time: 14 56

Room # or other identifier: K15 Floor: 1

Please circle if QA Measurement: Blank Duplicate

137

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361666

Start Time: 222 Stop Time: 14 56

Room # or other identifier: K15 Floor: 1

Please circle if QA Measurement: Blank Duplicate

138

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357906

Start Time: 223 Stop Time: 14 56

Room # or other identifier: K15 Floor: 1

Please circle if QA Measurement: Blank Duplicate

Monroe 1 BOCES
Foreman Center

12/8/14

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

139

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361131

Start Time: 225 Stop Time: 14:58

or other identifier: J13 Floor: 1

circle if QA Measurement: Blank Duplicate

140

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2346918

Start Time: 226 Stop Time: 14:58

Room # or other identifier: L1 Floor: 1

Please circle if QA Measurement: Blank Duplicate

141

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361137

Start Time: 227 Stop Time: 14:59

Room # or other identifier: J12 Floor: 1

Please circle if QA Measurement: Blank Duplicate

142

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361258

Start Time: 227 Stop Time: 15:02

Room # or other identifier: J11 Floor: 1

Please circle if QA Measurement: Blank Duplicate

143

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357592

Start Time: 228 Stop Time: 15:02

Room # or other identifier: J10 Floor: 1

Please circle if QA Measurement: Blank Duplicate

144

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357909

Start Time: 229 Stop Time: 15:03

Room # or other identifier: J9 Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center

12/8/14 -

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.

145 **Bar Code Label**

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2361150

Start Time: 229 Stop Time: 15:03

Room # or other identifier: J9 Floor: 1

Please circle if QA Measurement: Blank Duplicate

146

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2361125

Start Time: 229 Stop Time: 15:03

Room # or other identifier: J9A Floor: 1

Please circle if QA Measurement: Blank Duplicate

147

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2361105

Start Time: 231 Stop Time: 15:04

Room # or other identifier: J8 Kitchen Floor: 1

Please circle if QA Measurement: Blank Duplicate

148

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2361151

Start Time: 232 Stop Time: 15:04

Room # or other identifier: H12 Floor: 1

Please circle if QA Measurement: Blank Duplicate

149

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2357629

Start Time: 232 Stop Time: 15:04

Room # or other identifier: J-8A Floor: 1

Please circle if QA Measurement: Blank Duplicate

150

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM 2357692

Start Time: 236 Stop Time: 15:08

Room # or other identifier: H13 Floor: 1

Please circle if QA Measurement: Blank Duplicate

MI BOLES
Foreman Center

12/8/14 -

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.

151 **Bar Code Label**

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357923

Start Time: 238 Stop Time: 15:08

Room # or other identifier: H13 Floor: 1

Please circle if QA Measurement: Blank Duplicate

152

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357608

Start Time: 238 Stop Time: 15:08

Room # or other identifier: H13 Floor: 1

Please circle if QA Measurement: Blank Duplicate

153

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357701

Start Time: 241 Stop Time: 15:12

Room # or other identifier: J4 Floor: 1

Please circle if QA Measurement: Blank Duplicate

154

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361080

Start Time: 242 Stop Time: 15:12

Room # or other identifier: J1 Floor: 1

Please circle if QA Measurement: Blank Duplicate

155

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353224

Start Time: 243 Stop Time: 15:12

Room # or other identifier: J2 Floor: 1

Please circle if QA Measurement: Blank Duplicate

156

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353227

Start Time: 243 Stop Time: 15:12

Room # or other identifier: J2 Floor: 1

Please circle if QA Measurement: Blank Duplicate

MiBOCES
Foreman Center

12/8/14 -

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

157
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357695

Start Time: 245 Stop Time: 15 10:11

oom # or other identifier: H10 Gym Floor: 1

ease circle if QA Measurement: Blank Duplicate

158
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361069

Start Time: 246 Stop Time: 15:17

oom # or other identifier: H8 - front office Floor: 1

lease circle if QA Measurement: Blank Duplicate

159
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358053

Start Time: 246 Stop Time: 15:17

oom # or other identifier: H8 Floor: 1

ease circle if QA Measurement: Blank Duplicate

160
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357594

Start Time: 246 Stop Time: 15:17

oom # or other identifier: H8 rear office Floor: 1

lease circle if QA Measurement: Blank Duplicate

161
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361700

Start Time: 249 Stop Time: 15:21

oom # or other identifier: H3 Floor: 1

lease circle if QA Measurement: Blank Duplicate

162
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361208

Start Time: 251 Stop Time: 15:19

Room # or other identifier: H6 Floor: 1

Please circle if QA Measurement: Blank Duplicate

Done

MIBOCES
Foreman Center

12/8/14 - Page 28 of ~~32~~ 31

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.

163 **Bar Code Label**

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361658

Start Time: 256 Stop Time: 15:22

Room # or other identifier: Blue House Floor: 1

Please circle if QA Measurement: Blank Duplicate

164

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361759

Start Time: 257 Stop Time: 15:23

Room # or other identifier: G7 - Fish Tank Floor: 1

Please circle if QA Measurement: Blank Duplicate

165

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361763

Start Time: 258 Stop Time: 15:24

Room # or other identifier: G9 Floor: 1

Please circle if QA Measurement: Blank Duplicate

166

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361659

Start Time: 259 Stop Time: 15:25

Room # or other identifier: G13 Floor: 1

Please circle if QA Measurement: Blank (Duplicate)

167

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361660

Start Time: 259 Stop Time: 15:25

Room # or other identifier: G13 Floor: 1

Please circle if QA Measurement: Blank (Duplicate)

168

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361764

Start Time: 301 Stop Time: 15:29

Room # or other identifier: Main Gym Floor: 1

Please circle if QA Measurement: Blank Duplicate

MI BOCES
Foreman Center
12/8/14

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

169

...OVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353228

Start Time: 304 Stop Time: 15:30

Room # or other identifier: G5 Floor: 1

Please circle if QA Measurement: Blank Duplicate

170

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353184

Start Time: 304 Stop Time: 15:30

Room # or other identifier: G3 Floor: 1

Please circle if QA Measurement: Blank Duplicate

171

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353178

Start Time: 304 Stop Time: 15:30

Room # or other identifier: G1 Floor: 1

Please circle if QA Measurement: Blank Duplicate

172

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353199

Start Time: 305 Stop Time: 15:33

Room # or other identifier: G4A Floor: 1

Please circle if QA Measurement: Blank Duplicate

173

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2353109

Start Time: 306 Stop Time: 15 33

Room # or other identifier: G4B Floor: 1

Please circle if QA Measurement: Blank Duplicate

174

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361733

Start Time: 307 Stop Time: 15:33

Room # or other identifier: G4C Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES Foreman Center 12/8/14

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

175

REMOVE THIS PORTION AND AFFI
TO TEST INFORMATION FORM
2353133

Start Time: 307 Stop Time: 15:33

m # or other identifier: G4F Floor: 1

circle if QA Measurement: Blank Duplicate

176

REMOVE THIS PORTION AND AFFIX
TO TEST INFORMATION FORM
2353132

Start Time: 309 Stop Time: 15:37

or other identifier: E9 Floor: 1

ircle if QA Measurement: Blank Duplicate

177

REMOVE THIS PORTION AND AFFIX
TO TEST INFORMATION FORM
2361709

Start Time: 309 Stop Time: 15:37

or other identifier: E10 Floor: 1

ircle if QA Measurement: Blank Duplicate

178

REMOVE THIS PORTION AND AFFIX
TO TEST INFORMATION FORM
2361708

Start Time: 309 Stop Time: 15:37

or other identifier: E10 Floor: 1

e circle if QA Measurement: Blank Duplicate

179

Picked up on 12/11

REMOVE THIS PORTION AND AFFIX
TO TEST INFORMATION FORM
2353106

Start Time: 319 Stop Time: 1:18 - 12/11/14

m # or other identifier: E6A Floor: 1

ase circle if QA Measurement: Blank Duplicate

180

REMOVE THIS PORTION AND AFFIX
TO TEST INFORMATION FORM
2353100

Start Time: 318 Stop Time: 1:18 - 12/11/14

om # or other identifier: E6B Floor: 1

ase circle if QA Measurement: Blank Duplicate

MIBOCES
Foreman
12/8/14

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

181

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361724

Start Time: 3|9 Stop Time: 3:43 12/10/14

Room # or other identifier: HTC Floor: 1

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

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate