




ENDYNE, INC.  
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Radon in Air

|   |  |
|---|--|
| <b>Client Information:</b><br>Name: _____ Email: _____<br>Address: _____ Phone: _____<br>Fax: _____ | Cust: 89621 <br>Proj: GEN <br>JT: RADAIR  |
|---|--|

CHAIN OF CUSTODY

| Date             | Time | Date                   | Time |
|------------------|------|------------------------|------|
| Relinquished by: |      |                        |      |
| Relinquished by: |      | Received by Endyne:    |      |
|                  |      | Receiving Temperature: |      |

**RESIDENTIAL CLIENTS: Fill out form completely.**

Name of Sampler (Please Print): \_\_\_\_\_  
 Sampling Location (Basement, Lowest Occupied Space): \_\_\_\_\_  
 Sampling Location (Second Cannister, if Double): \_\_\_\_\_  
 Sampling Address (911 address if known): \_\_\_\_\_

**\*\*\*PLEASE READ DETAILED INSTRUCTIONS ON REVERSE SIDE BEFORE SAMPLING\*\*\***  
**Sample Collection**

| <b>PLEASE SELECT ONE</b> |         |       |
|--------------------------|---------|-------|
| <i>RADON AIR SINGLE</i>  | \$35.00 | _____ |
| or                       |         |       |
| <i>RADON AIR DOUBLE</i>  | \$70.00 | _____ |

| <b>PLEASE COMPLETE</b>                         |                      |                      |                            |
|--|----------------------|----------------------|----------------------------|
| <b>Cannister Serial # :</b> _____              | <b>Start Date</b>    | <b>Start Time</b>    | <b>48 Hour<br/>Minimum</b> |
| <b>Cannister Serial # (For Double) :</b> _____ | <input type="text"/> | <input type="text"/> |                            |
| <b>Average Temperature:</b> _____              | <b>End Date</b>      | <b>End Time</b>      |                            |
|  | <input type="text"/> | <input type="text"/> |                            |

**Special Instructions:**

Samples must reach the lab THE SAME DAY of sampling and are accepted Monday through Thursday ONLY.  
 This analysis is subcontracted. Endyne reserves the right to subcontract tests that cannot be performed at our facilities.  
 Please include payment with sample submission. We accept checks (payable to Endyne, Inc.), or call for credit card processing.

|  |          |
|--|----------|
| <b>\$20.00 Shipping Fee: ( Y ) ( N )</b> | Payment: |
|--|----------|

## SAMPLING INSTRUCTIONS FOR RADON IN AIR KIT

*Please Read All Instructions Before Beginning the Test*

1. All Windows and external doors in the house should be kept closed as much as possible twelve hours before and during the sampling period, except for normal entering and exiting. *NOTE: Do not test during high winds.*
2. Place the detectors in the lowest level of the home currently suitable for occupancy (the basement if it could be used for living space with no renovations) in an upright position on a table at least 10 cm (4 in) apart and at least 10 cm from other objects. *NOTE: Do not place the detectors in the kitchen, laundry room, bathroom or near drafts caused by heating, ventilating or air conditioning vents, doors, fans and/or windows. Avoid appliances and direct sunlight.*
3. Print the serial number and the location of each detector in the spaces provided on the sampling form.
4. Uncap the detector and record the date and time in the spaces provided.
5. After a minimum of 48 hours (maximum of 96 hrs) of exposure, replace and screw the detector cap on tightly to seal radon in. Record the date and time in the spaces provided.
6. Record the average room temperature during the testing period.
7. Complete the remaining fields on the paperwork. If there is missing information the sample may not be accepted.
8. Radon samples must be delivered to the laboratory the *same day* the detectors are sealed.

We can accept these samples Monday through Thursday only, 8:00am to 4:30pm. We cannot accept radon samples on Friday or the day before a holiday.