



Project Testing Instructions

If you are performing a large number of tests, you may find it easier to use these Project Testing Forms. Forms can be downloaded at DrHomeAir.com/Instructions if needed. You may use either the PDF versions or the Excel versions. Filling out the forms electronically is encouraged when convenient.

Please follow all instructions on the Information Sheet when placing and retrieving the test kits. Information Sheets can be downloaded online at DrHomeAir.com/Instructions

If you wish, you can include the Project Testing forms with your kits instead of filling out the individual Information Sheets. If you elect to use this form the individual sheets are not required.

You may substitute these forms with forms of your own if you wish, however, we recommend including all information contained on these forms.

Note: The following information is required in order to complete the test results:

- Test Start Date & Time (Date only for long term tests)
- Test Stop Date & Time (Date only for long term tests)
- Test Location Address (zip code at a minimum, required for time zone calculations)

Instructions:

1. First, fill out Project Information Form 1-A.
 1. Fill in the name of the project, school, building, or whatever you are testing. The name you use can be arbitrary; please choose a name that is meaningful to you.
 2. Fill in the mailing and testing address. Please provide the full address. NOTE: Test address required for accurate test results.
 3. Provide an email or fax that you would like the results sent to.
 4. Select the Structure Type of the buildings that are being tested, if you wish for this information to appear on the final report. Otherwise, the report will state "Not Provided".
 5. Select the reason for testing, if you wish for this information to appear on the final report. Otherwise, the report will state "Not Provided".
 6. Write in the total number of test kits for the project.
 7. Select the type of analysis requested – Alpha Track (Long Term) or Activated Charcoal (Short Term).
2. Next, complete the Personnel Log Form 1-B.
 1. List all individuals who are handling the test kits during placement or retrieval. Each individual should sign the form, initial, and date.
 2. You may use more than one page of the Personnel Log Form if needed.



3. Next, fill out Device Placement Log Form 1-C.
 1. Write the name of the project on the top of the form. Use the same project name you have used for the Project Information Form 1-A.
 2. Write in the Test Kit Serial #, test location (typically the room or unit number), and the deployment date and time. The person who places the test kit should initial in the Deployment section. Note: Please record times in 15 minute intervals or less. Indicate AM/PM or use 24-hour format.
 3. Write any comments as needed in the Comments section. For example, you may wish to notate that a test kit was placed in a certain location. Or, you may find a test kit was moved by a resident during exposure and wish to notate that.

Short Term Tests must be exposed at least 48 hours and no more than 120 hours.

4. As you retrieve the test kits, record the retrieval date and time. The person who retrieves the test kit should initial in the Retrieval section. Note: If a test kit is missing or damaged or otherwise unable to be sent in for analysis, please record this in the retrieval time/date section.
 5. As you retrieve the test kits, record whether or not the test was conducted under Closed House Conditions (all windows and doors closed except for normal entry and exit for 12 hours prior to test and during testing). Closed house conditions are not required for Long Term tests.
4. Finally, complete Project Information Form 1-A.
 1. Write in the total number of test kits for the project (the number of serials listed on Device Placement Log Form 1-C).
 2. Write in the total number of pages of Device Placement Log Form 1-C.
 3. Write in the total number of pages of all forms.
 5. Ship the kits and the forms to Alpha Energy Laboratories (you may also email forms to radon@alphaenergylabs.com – this is helpful if you elected to use the Excel versions). If you are requesting rush service be certain all kits and packages are clearly labeled for Rush. Payment must also be enclosed if rush service is desired.

Test kits must arrive in lab within 10 calendar days of the end of the test or test results cannot be obtained.

Note: If you want certain information to be on the final report, be sure to include the information on the forms you submit to our lab. Changes made after the initial report is issued may cause the report to be marked as a revised report.



PROJECT INFORMATION FORM

Project/School Name: _____

Mailing Address: _____

Testing Address: _____

Email/Fax: _____

Structure Type: Slab (No Basement) Crawl Space Basement Multi-Story (No Basement)

Testing Reason: Real-Estate Transaction Post Mitigation Personal Knowledge

Total Number of Test Kits: _____

Analysis Requested: Alpha Track (Long Term)

Total Number of Pages of Device Placement Log 1-C: _____

Activated Charcoal (Short Term)

Total Number of Pages for all forms: _____

****PLEASE NOTE ****

You must complete the Personnel Log Form 1-B and Device Placement Log Form 1-C and send in with the tests. Forms can be downloaded online at DrHomeAir.com/instructions

Test start and stop dates, start and stop times, as well as the test address zip code are required for test results.

Any information you would like to have on the reports must be included on these forms.



PERSONNEL LOG

Project Name: _____ *Please list any individuals who deployed or retrieved test kits.*

Printed Name	Signature	Initials	Date

****PLEASE NOTE ****

You must also complete the Project Information Form 1-A and Device Placement Log Form 1-C send in with the tests. Forms can be downloaded at DrHomeAir.com/instructions

Test start & stop dates, start & stop times, as well as the test address zip code are required for test results.

Any information you would like to have on the reports must be included on these forms.

DEVICE PLACEMENT LOG



Project Name: _____

Please list times in 15-minute intervals or less. Indicate AM/PM, or use 24-hour format. If kit goes missing, please note in Retrieval Time/Date section.

	Test Kit Serial #	Test Location	Deployment			Retrieval			Closed Y/N	Comments
			Time	Date	Initials	Time	Date	Initials		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

****PLEASE NOTE ****

You must complete Project Information Form 1-A and Personnel Log Form 1-B and send in with the tests. Forms can be downloaded online at DrHomeAir.com/instructions

Note: Test start & stop dates and time as well as the test address zip code are required for test results.