

# Radon Mitigation Quality Assurance Test

Building Information	3001	District	ASD-W	
Building Name:	Bath School			
Year constructed	1954	Phase	1	
Street Address:	118 School Street			
City:	Bath			
Ventilation System Y \ N	Mitigat	ion System	<b>Y</b> \ N	
		Tel	ephon Number	
Facilities Manager:				
Name of Person Placing Detectors:		i		

#### Installation

- 1) Choose two rooms below, if "R" is indicated in front of the room number, this room must be tested.
- 2) Write the detector number on the corresponding room number line
- 3) Write the installation date on the corresponding room number line.
- 4) Write the installation date on the detector (Start Date).
- 5) Fax a copy of this sheet after the installation has been complete to (506) 444-5529 or email to pascal.landry@gnb.ca.
- Keep this page for the duration of the test and return with detectors.

#### Collection

### The duration of the test will be 90 days.

- 1) Collect the two detectors after 90 days
- 2) Write the collection date on the detector.
- 3) Write the collection date on the corresponding line below.
- 4) Return the two detectors and this form to:

Att: Pascal Landry

Educational Facilities 250 King Street, Place 2000

Fredericton, NB

E3B 9M9

## Bath School

Room No.	Serial Number	Installation Date day/month/year	Collection Date day/month/year	Result Uncertainty Bq/m³
Cafeteria	269669	15/11/2013	17/02/2014	33
BioRelated	269670	15/11/2013	17/02/2014	30
, ECD office	323401	28/01/2016	12/05/2016	15 ± 11%
d Laboratory	323402	28/01/2016	12/05/2016	15 ± 11%