

## Radon Mitigation Quality Assurance Test

					-	
		lity of installed radon mitiga	tion systems in the b	uilding. Two		
aiternate occupi	ed rooms from the list belo	ow will be tested yearly.				
Building Information		3004	District	ASD-W		
Building Name:		Bristol Elementary				
Year constructed		1899	1899 <b>Phase</b> 4		]	
Street Address:		9208 Main Street			1	
City:		Florenceville-Bristol			1	
Ventilation System Y \ N		Mitigation System Y \ N		Y\N	j	
	Telephon Numb		lephon Number	1		
Facilities Manager:					1	
Name of Pers	on Placing Detectors:		İ		]	
Instructions:						
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@g		ation has been complete to	7 (300) 444 3323 01 0	inali to		
		est and return with detector	S.			
Collection The duration of the test will be 90 days.						
1) Collect the tv	vo detectors after 90 days	Att: Pascal Landry		Landry		
<ol><li>Write the col</li></ol>	lection date on the detector	or.				
3) Write the collection date on the corresponding line below. 250 King Street, Place 2000						
4) Return the two detectors and this form to: Fredericton, NB				NB		
E3B 9M9						
Bristol Eleme	ntary				]	
Room No.	Serial Number	Installation Date day/month/year		ction Date nonth/year	Result Bq/m³	Uncertainty
1	323406	28/01/2016	12/	05/2016	30	) ± 8%
2						
4	323405	28/01/2016	12/	05/2016	18	3 ± 10%
GYM						