

## Radon Mitigation Quality Assurance Test

The goal of this test is to assure f		• •	in the building. Two		
alternate occupied rooms from th	e list below will be tested	d yearly.			
Building Information	3008	Distr	ict ASD-W		
Building Name:	Florencevill	e Middle School		1	
Year constructed	1955	Phas	e		
Street Address:	181 Main S	treet			
City:	Florencevill	e-Bristol			
Ventilation System	Y \ N	Mitigation System Y \ N			
			Telephon Number		
Facilities Manager:					
Name of Person Placing Det	ectors:		1	1	
Instructions:			-	1	
Installation				1	
1) Choose two rooms below, if "R" is indicated in front of the room number, this room must be tested.					
<ol> <li>Write the detector number on the corresponding room number line</li> <li>Write the installation date on the corresponding room number line.</li> </ol>					
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.					
6) 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 Att: Pascal Landry					
2) Write the collection date on the detector.Educational Facilities3) Write the collection date on the corresponding line below.250 King Street, Place 2000					
<ul> <li>4) Return the two detectors and this form to:</li> <li>Fredericton, NB</li> </ul>					
E3B 9M9					
Florenceville Middle School				•	
Room No. Serial Num	her	ation Date nonth/year	Collection Date day/month/year	Result Bq/m <sup>3</sup>	Uncertainty
Office					
111 269662	14/	11/2013	17/02/2014	22	
112 323414	28/	01/2016	12/05/2016	15	± 11%
113					
104 323413	28/	01/2016	12/05/2016	22	±9%
103					
101 269664	. 14/	11/2013	17/02/2014	85	