

Radon Mitigation Quality Assurance Test

The goal of this test is to assure functionality of installed radon mitigation systems in the building. Two						
-	pied rooms from the list belo		· · · · · · · · · · · · · · · · · · ·	5		
Building Information		0906	District ASD-W			
Building Name:		Stanley School	District	7.00 W		
Year constructed		1992	Phase 2			
Street Address:		28 Bridge Street				
City:		Stanley				
Ventilation System Y \ N		Mitigation System		Y \ N		
	-			ephon Number		
Facilities Manager:						
Name of Person Placing Detectors:						
Instructions:						
Installation						
 Choose two rooms below, if "R" is indicated in front of the room number, this room must be tested. Write the detector number on the corresponding room number line 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.						
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 daysAtt: Pascal Landry2) Write the collection date on the detector.Educational Facilities						
	ollection date on the corresp					
4) Return the two detectors and this form to		Fredericton E3B 9M9				
Stanley School						
Room No.	Serial Number	Installation Date day/month/year		tion Date onth/year	Result Bq/m³	Uncertainty
104						
115						
116						
122	323424	28/01/2016	19/0	05/2016	26 ± 9%	
123						
E101						
E102						
E105						
E106						
E107						
E108	323425	28/01/2016	19/0	05/2016	30) ± 8%