

Radon Mitigation Quality Assurance Test

	is test is to assure functiona pied rooms from the list bel		gation systems in the bu	ilding. Two		
Building Info	ormation	3111	District	ASD-W		
Building Na	me:	Tobique Valley High	Tobique Valley High School			
Year constructed		1947	Phase	5		
Street Addre	ess:	290 Main Street				
City:		Plaster Rock	Plaster Rock			
Ventilation System Y \ N		Mitigat	ion System	Y\N	1	
		<u>-</u>	Tel	ephon Number]	
Facilities Manager:						
Name of Per	son Placing Detectors:]	
Instructions	:					
Installation						
1) 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						
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@						
	page for the duration of the t					
Collection The duration of the test will be 90 days.						
1) Collect the two detectors after 90 days Att: Pascal Lai				andry		
Write the collection date on the detector.			Educational I	Educational Facilities		
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						
E3B 9M9						
Tobique Val	ley High School				1	
Room No.	Serial Number	Installation Da	te Collec	tion Date	Result	Uncertainty
ROOM NO.	Seriai Nullibei	day/month/yea	ar day/m	onth/year	Bq/m³	Uncertainty
007						
001	323427	29/01/2016	09/0	5/2016	115 ± 4%	
110	323426	29/01/2016	09/0	5/2016	74	± 5%
200						