



Safe Environments
World Wide

For your convenience, record detector #'s here:

Detector 1#: _____

Detector 2#: _____

Detector 3#: _____

SHORT TERM RADON TEST-KIT INSTRUCTIONS

Instructions are furnished to you with specific steps that must be followed. National Safety Products, Inc. cannot provide any warranty remedy to you for any claims, which arise due to the failure to follow instructions.

Vial(s) should be placed in the basement (if one exists) or lowest living space of the building to be tested. Avoid garages, root or dirt cellars, crawl spaces and sumps. If testing more than one area of your home, place the other vial in a frequently used living area, such as a bedroom, living room, kitchen or den. They should be placed near an inside wall at least 30 inches above the floor or at least 8 inches from the ceiling. The vial(s) can be placed on a bookcase, a table, a shelf or any flat surface. **For twelve hours prior to the test and during the testing period, the doors and windows must remain closed except for normal entry and exit.** Vial(s) should **NOT** be placed in bathrooms, laundry rooms or porches. **DO NOT** place detectors where they will be exposed to high humidity &/or noticeable drafts from open doors/windows, window, fireplace, heat or air conditioning vents, etc. **DO NOT** place vial(s) close to the outside walls of the house. **Do not place where they will be disturbed during the measurement period.**

After finding a suitable location to place the detector, follow these steps:

1. Remove the vial(s) from the package. Test is activated when the cap(s) is removed. Be sure to save the cap(s), this sheet & mailing envelope for return mail.
2. Write the serial number of the vial(s) on the **INFORMATION FORM** below along with your name, test address, eMail address etc. **Also, you must write in the date & time that you place your vial(s)!**
3. Write on the **INFORMATION FORM** below the type of room (i.e., basement, living room, bedroom, etc.) where the vial(s) is being exposed. Also write the floor level on which your vial(s) is placed (i.e. basement, 1st floor, 2nd floor, etc.).
4. The recommended amount of time to expose your vial(s) is 48 hour minimum to 96 hours maximum. Any vial(s) exposed less than or more than this period invalidates the test and will not receive a result.
5. At the **END** of the radon-testing period, place the cap(s) back on the vial(s), enter the date & time vial(s) were closed on the **INFORMATION FORM** below. **(necessary for the analysis).**
6. Record the serial number(s) for your reference and ability to retrieve results online. Online results are typically available within 24-48 hours of the lab receiving the vial(s). **Get Results at: www.TestProducts.com/results**
7. Place the vial(s) & information form in the mailing package → **Affix proper postage, complete the return address and tape the mailing package closed. Lab must receive within 7 days from closing the vial(s) or test is invalid.**

Mailing/Shipping Address: **RADON LAB; 11 AWL STREET; MEDWAY, MA 02053**

You should receive your report via eMail in approximately 24 to 48 hours. Thank You!

National Safety Products, Inc.

www.TestProducts.com

INFORMATION FORM

↑ cut here		cut here ↑
Send Report To: ↓		Test address: ↓
Name:		Name:
Address:		Address:
City, State, Zip		City, State, Zip
eMail results to:		RMP Cert # (if required):
		<input type="checkbox"/> Check here if this test is a Post Mitigation test
Notes:		
Detector #:	Detector #:	Detector #:
Floor level:	Floor level:	Floor level:
Name of room:	Name of room:	Name of room:
Date & Time Opened:	Date & Time Opened:	Date & Time Opened:
Date & Time Closed:	Date & Time Closed:	Date & Time Closed:

Lab must receive within 7 days from closing the vial(s) or test is invalid.