## AIR CHEK RADON TESTING DATA LOG

School Name:				Building Name:					
School Address:				City,State Zip:					
Device Placeme	ent Performed by:			Devic	Device Retrieval Performed by:				
Weather conditi	ons during the testi	ng:							
Test Kit #	Room # / ID	Placement	Start Date	Start Time	Stop Date	Stop Time	Floor	Comments	
Air Chek, Inc.	1936 Bu	tler Bridge Rd	Mills	River, NC 28	3759	Phone: 828.6	84.0893	Fax: 828.684.8498	

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**Keep Original Copy for Your Records**