

**NEW YORK STATE DEPARTMENT OF HEALTH**

**Post Mitigation Radon Detector**

Division of Environmental Health Investigation

Please type or print using **black or blue ink**

Please return the completed Radon Detector Order Form to:

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Environmental Radiation Protection  
Corning Tower - Empire State Plaza  
12th Floor - Room 1218  
Albany, NY 12237  
(518) 402-7556

For Office Use Only	
NYSDOH ID Number	

1. Name

First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

2. Mail Detector(s) to the following address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Detector(s) will be used at the following address (Please supply if different than mailing address)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. County \_\_\_\_\_ Town or Village \_\_\_\_\_

5. Telephone Number

Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Best time to call \_\_\_\_\_

6. Have you used radon detectors in this home in the past?  Yes  No

If yes, did you get your test kit through the New York State Department of Health?  Yes  No

7. I certify that I am not a dealer of radon measuring detectors and that none of the radon detectors sent to me by the New York State Department of Health will be resold. I agree that the device is intended for the purpose of measuring radon levels in my home, daycare or school only.

Signature \_\_\_\_\_ Date \_\_\_\_\_

8. The New York State Department of Health, Bureau of Environmental Radiation Protection will use the information in this order form and the results of the radon test for state-wide public health investigations of radon. Your name, address and telephone number will be held confidential by the Department of Health and will not be released without your prior written permission.

9. From time-to-time, this data may be used as part of research into the effects of radon in the home. If you are interested in being contacted to participate in a research project, please check the 'Yes' box below. If you choose 'Yes', the Health Department may contact you on behalf of persons recruiting research participants. Your name and address will not be released to them without your further permission. Checking 'Yes' does not automatically enroll you in a research project, or authorize release of your personal information and test results.

Yes, the Health Department may contact me for research purposes.

No, I am not interested in participating in research.

**Data Requirements** The name and address of the mitigation company is required to receive a free radon detector:

Name of Mitigation Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**Additional information, requested but not required:**

Radon Concentration prior to installation of mitigation system: \_\_\_\_\_ pCi/L

Name of radon testing company or Self: \_\_\_\_\_

Radon Concentration prior to installation of mitigation system: \_\_\_\_\_ pCi/L

Method of radon in air testing: \_\_\_\_\_ Continuous Radon Monitor \_\_\_\_\_ Other \_\_\_\_\_

