

Independent Health Services, Inc.

P.O. Box 14740, Columbus, OH 43220

Fax (614) 267-1186

Radon Test Non-Interference Agreement

Radon and radon decay product concentrations in a dwelling fluctuate from hour to hour, from day to day and from season to season. The following test recommendation were developed by the EPA to provide standardized conditions under which a short-term radon test is to be performed in order to reduce the variation in radon levels in a dwelling. These conditions will tend to maximize the radon measurement in order to determine if a dwelling has the "potential" to have an elevated radon level. If the result is elevated, the EPA recommends further testing to determine better the yearly average concentration.

If the test conditions below are not adhered to, the test results may be deemed invalid. The following conditions must be read, understood and followed:

All exterior windows must be kept closed. All exterior and the basement to first floor doors must be kept closed except for normal, momentary entering and exiting.

The radon detector cannot be moved, covered or altered in any way. Heating, air conditioning, dryers, range hoods, bathroom fans and attic ventilators can be operated normally. If any heating, air conditioning or ventilating equipment has a built in outdoor air supply that is manually controlled; it shall be turned off or the inlet closed. Fireplaces or wood stove shall not be operated, unless they are a primary heat source. Whole house fans shall not be operated. Window fans shall be removed or sealed shut.

These test conditions shall be maintained for 12 hours prior to the start of the radon tester being exposed.

If there are any questions, or the test conditions are not met, please contact Independent Health Services at (614) 267-4222.

I / We the homeowner or responsible resident understand and will inform all occupants or this dwelling of the above conditions of the radon test for a real estate transaction. I / We agree to maintain these conditions during the test period.

Property Address: _____

Homeowner / Responsible Resident (Print) _____

Signature: _____ Date: _____