



LONG TERM RADON TEST KIT FOR RADON IN AIR

INSTRUCTIONS AND DATASHEET

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What is Radon?

Radon is an odourless, colorless, radioactive gas. Radon has been found in homes all over the world. It comes from the natural breakdown of uranium found in the soil and it moves up through the ground finding its way through tiny cracks and holes in the foundation of a home.

Any home can have radon. You can only find the radon level in your home by testing. Numerous studies have shown that continued exposure to elevated levels of radon gas increases the chance of developing lung cancer.

The Environmental Protection Agency, Health Canada, and the American Lung Association agree that long term exposure to elevated levels of radon gas is a significant health risk.

What if There is Radon in my Home?

Health Canada has set a national action level of 200 Bq/m³ (Becquerel of radon per cubic meter of air).

If your home has a confirmed radon level of 200 Bq/m³ or above in a living area, you should install a radon mitigation system. It is recommended that a certified radon mitigation contractor install the system.

What this package contains?

This test kit is used to test for radon in air for 91 to 365 days (one year). It contains:

- Instructions & Data Sheet
- Return Envelope
- Alpha track type dosimeter sealed in clear bag

DO NOT OPEN THE SEALED BAG UNTIL YOU ARE READY TO TEST.

1. Choose the Room to Test

Health Canada recommends you test normal occupancy areas of the lowest lived-in level of the house. The normal occupancy area is defined as any area occupied by an individual for more than 4 hours per day.

Potential measurement locations include family rooms, living rooms, dens, playrooms and bedrooms. A lower level bedroom is preferred because people generally spend more time in their bedrooms than in any other room in the house. Similarly, if there are children in the house, lowest level bedrooms or other areas such as a playroom are preferred.

Do not test in the kitchen, laundry area, bathroom, crawl space, furnace room or closet.

2. Start the Radon Test

- a. Check the expiration date on each device. Start your test before the expiration date or results will be invalid.
- b. When you are ready to start the test, cut or tear open the sealed bag that contains the black device and remove the device from the bag. As soon as you open the bag the device is “on” and the test has begun.
- c. Do not remove the VOID sticker or open the black plastic housing or results will be invalid.
- d. Write each Device Number and Test Address Zip Code at the bottom of these instructions and on the Data Sheet. Do not remove the two stickers with the test number on the device; they are for laboratory use only.
- e. Write the test Beginning Date in the Exposure Period section on the datasheet.

3. Place the Radon Device

The preferred dosimeter location is by an interior wall at a height of 0.8 m to 2 m (3 to 6.5 ft) from the floor in the typical breathing zone, however, at least 50 cm (20 in) from the ceiling and 20 cm (8 in) from other objects so as to allow normal airflow around the dosimeter. Dosimeter should be placed approximately 40 cm (16 in) from an interior wall or approximately 50 cm (20 in) from an exterior wall.

You can hang or place face up or face down the dosimeter. Leave each device in place and undisturbed for at least 91 days and up to one year.

4. End the Radon Test

After at least 91 days, write the test Ending Date and other required information on the datasheet.

Place the dosimeters in a plastic “Ziplock” bag.

5. Return the Device to the Laboratory As Soon As Possible

Make sure the datasheet is completed. Place the datasheet and each device into one envelope to be mailed. Up to four devices can be placed in a single envelope.

If possible, please use the return envelope provided with your test kit. If your return envelope has been lost, please visit the Return Shipping Label section on www.accustarcanada.com.

Test devices must be sent directly to the laboratory of AccuStar Labs located in Massachusetts, USA and NOT to AccuStarCanada.com.

You must send your test devices directly to:

AccuStar Labs, 2 Saber Way, Ward Hill, MA, 01835-8000, USA

CHECKLIST FOR A SUCCESSFUL TEST

- Did you follow all instructions and fill out the Data Sheet completely?
- Did you keep a record of your device number(s) and the Postal Code of the property tested?
- Did you placed the dosimeters in a plastic "Ziplock" bag?
- Did you send your test kit with the completed Data Sheet to AccuStar Labs USA immediately after you finished the test?

INFORMATION ABOUT TEST REPORTS

AccuStar typically sends reports via email within two weeks after we receive your device(s). You may access your test results on our website www.accustarcanada.com.

If information is missing from the datasheet or you need to make a change to your Report, you may request an Amended Report. You must request an Amended Report and provide new or changed information in writing, by mail, email or fax *. No oral information will be accepted. AccuStar will issue the Amended Report within five business days after we receive your request.

- * AccuStar Labs, 2 Saber Way, Ward Hill, MA, 01835-8000, USA
Fax : 508 533-8831 Email: radonlab@accustarlabs.com

AccuStar can issue a Same-Day Amended Report for a fee of \$20.00 per report. To issue a Same-Day Amended Report we must receive, in writing, any changed or new test information, and payment by credit card before Noon, Eastern Time.

Feel free to call us at 1-855-85RADON with any questions you may have. Our business hours are 8:30 am to 4:30 pm Eastern Time, Monday to Friday.

Thank you for choosing AccuStar.

WRITE DEVICE NUMBERS AND TEST ZIP CODE HERE

SAVE THIS SHEET

You will need this information to access your test results on our website www.accustarcanada.com

1st Device Number: _____ 2nd Device Number: _____
Test Address Postal Code: _____ (if purchased)

DATASHEET / FICHE DE DONNÉES

Send Written Report To / Envoyer le rapport écrit à (please print clearly / s.v.p. en lettres moulées)

Name / Nom _____

Address / Adresse _____

City / Ville _____ Province _____

Postal Code / Code postal _____ Country / Pays _____

Email / Courriel _____

Property Tested / Propriété testée:

Name / Nom _____

Address / Adresse _____

City / Ville _____ Province _____

Postal Code / Code postal _____ Country / Pays _____

Email / Courriel _____

Device Information / Information sur les dosimètres

1st Device Number / 1^{er} numéro du dosimètre _____

Location / Endroit:

- Basement / Sous-sol
- First Floor / Premier étage
- Other / Autre _____

2nd Device Number (if purchased) / 2^e numéro du dosimètre (si acheté) _____

Location / Endroit:

- Basement / Sous-sol
- First Floor / Premier étage
- Other / Autre _____

- Check here if devices were placed 4 in (10 cm) apart
Cochez si les deux dosimètres étaient placés à 4 po (10 cm) de distance

Exposure Period / Période d'exposition

Beginning Date / Date de début

_____/_____/_____
MM/MM DD/JJ YYYY/AAAA

Ending Date / Date de fin

_____/_____/_____
MM/MM DD/JJ YYYY/AAAA