



GRANITE STATE ANALYTICAL SERVICES, LLC.

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GSA Work Order Number

CHAIN OF CUSTODY

Customer Name: _____ Phone: _____

*****PLEASE REVIEW INSTRUCTIONS*****

Sample Address: _____ City/State: _____ Zip: _____

Sample Taken By: _____ (Only required if not the customer)

Reporting Options:

- Email (quickest) Email 1: _____ Email 2: _____
- Hard copy to sample address
- Hard copy Address: _____ City/State: _____ Zip: _____
- Fax #: _____
- Other parties authorized to receive results: _____

Radon Air Detector Information

- \$40.00 Radon Air Single
- \$70.00 Radon Air Double

Start Date _____

Start Time _____

Stop Date _____

Stop Time _____

(48 Hour minimum)

#1 Detector Serial# _____ Location _____

#2 Detector Serial# _____ Location _____

FOR LAB USE ONLY

Condition of sample upon receipt:

- On ice TEMP: _____ C
- Within hold time
- Absence of air bubbles (Radon/VOC)
- Other: _____

Has the customer been notified of any failed acceptance criteria?

- Yes
- No

GSA Initials: _____

Amount Received: \$ _____

Payment Method: Cash Check # _____

Credit Card(Visa/MC) #: _____

Exp.: _____

Radon Air Sampling Instructions

PLEASE READ ALL THE INSTRUCTIONS BEFORE BEGINNING THE TEST

Please note: Samples not received within 96 hours of completion will be rejected.

1. During the 12 hours before, as well as during the exposure period, all windows and external doors in the house should be kept closed as much as possible, except for normal entering and exiting. Do not test during high winds.
2. Place the detector(s) in the lowest level of the home currently suitable for occupancy (the basement if it could be used for living space without renovations) in an upright position on a table or chair 20-30 inches from the floor. Detectors must be placed 4 inches apart and at least 4 inches from other objects.

Note: **Do not** place in the kitchen, laundry room, or bathroom.
Do not place near drafts caused by heating, ventilating or air conditioning, doors, fans or windows.
Do not place near heat (appliances, etc.) or in direct sunlight.

3. Print the serial number and the location of each detector in the space provided on the reverse side of this sheet.
4. Uncap the detector(s) and record the start date and time in the spaces provided on the reverse side of this sheet.
5. After an exposure period of 48 hours, but no more than 96 hours, replace the detector cap and screw on tightly to seal radon in the detector.
6. Record the Stop date and time when the detectors are closed in the spaces provided on the reverse side of this sheet.
7. Print your name, address and telephone number in the appropriate spaces provided on the reverse side of this sheet.
8. Mail or drop off the detector(s) within 24 hours of completion.

For the most accurate and timely results, be sure to fill out all the information on the reverse side of this sheet, paying careful attention to the Radon Air Detector section.