# Radon Chain of Custody

## PROJECT INFORMATION

**Project Name and Address (Required):**

**Project Number (Optional):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Time Exposed</th>
<th>Date Exposed</th>
<th>Time Closed</th>
<th>Date Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Basement</td>
<td>☐ Other:</td>
<td>(am/pm)</td>
<td>(am/pm)</td>
<td></td>
</tr>
</tbody>
</table>

**Were requirements for closed-house conditions met?**  ☐ Yes  ☐ No

**Was there evidence of tampering?**  ☐ Yes  ☐ No

**Deployed By:**

**Retrieved By:**

**Comments (optional):**

## Lab Use Only

☐ Accept  ☐ Reject  ☐ Accept with Comment:

<table>
<thead>
<tr>
<th>Electret No:</th>
<th>Before Reading:</th>
<th>After Reading:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Analyst:**

**Received By & Date:**

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**Company/Branch:**

**Phone:**

**Company Contact:**

**Email:**

**Company Address:**

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