



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
RADON PROGRAM

SCHOOL RADON MITIGATION REPORT FORM

May 2016

The radon mitigation contractor must complete the following form for the school representative within two weeks of completing radon mitigation activities in a school. The school shall submit the signed form by **mail**, **fax** or **email** to the Radon Program at:

CT Department of Public Health Radon Program
410 Capitol Avenue, MS #51 RAD
Hartford, CT 06134-0308
Fax: 860-509-7295
Email: DPH.RadonReports@ct.gov

Name of School: _____

Address:

(Street, town/city, state, zip code)

Date Mitigation Completed: _____

Mitigation Contractor: _____

NRPP/NRSB Certification #: _____

CT DCP HIC Registration #: _____

Test Location	Pre-Mitigation Rn Level	Post-Mitigation Rn Level

Number of Sub-Slab Depressurization suction points needed: _____

Signature of Radon Mitigation Contractor

Signature of Designated School Representative

Date

Date



Phone: (860) 509-7299
Telephone Device for the Deaf (860) 509-7191
450 Capitol Avenue - MS # 51RAD
P.O. Box 340308 Hartford, CT 06134
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