Test Kit Placement Log* template

Name and physical address of school being tested:

Building:_____ Log page:_____ of _____ for school.

Radon testing contact at school: _____

Name of individuals performing testing: _____

_____ (Logger); _____ (Placer of test kits)

Room description (per floor plan)	Canister serial #	Date opened	Time opened	Date closed	Time closed	Type of test
						Detector kit
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						Detector kit

- **There needs to be a minimum of one duplicate and one blank per building.**
- **Reference the "Test Kit Placement Log" example on page 53 of the "Testing for Elevated Radon in Oregon Schools" protocol for additional information.**

(Use additional copies of this page for each building with frequently used rooms at school site, as needed.)

* Burkhart JF. Radon Measurement Lab (RML), 2015.