

Test Kit Placement Log

Building name:

Testing contractor:

Address:

Contractor phone:

Building contact:

Contact phone:

Test kit serial #	Floor – unit #	Room	Place -location	Start date and time	Placement Tech	Stop date and time	Pick-up Tech	Comments

“D” = Duplicate “B” = Blank “S” = Spike

Technician: _____ **Initials:** _____ **License number:** _____

Technician: _____ **Initials:** _____ **License number:** _____

Technician: _____ **Initials:** _____ **License number:** _____

Test Kit Location Floor Plan Template

Building Floor Plan

Building Name: _____

Building Address: _____



PUBLIC HEALTH DIVISION
Phone: 971-673-0440

You can get this document in other languages, large print, braille or a format you prefer. Contact Oregon Radon Awareness Program at 971-673-0440 or email radon.program@dhsosha.state.or.us. We accept all relay calls or you can dial 711.

OHA 8659 C (11/21)