



Bureau of Environmental Health  
Radon Program



Monthly Report  
for Certified Radon Businesses

NONRESIDENTIAL MEASUREMENT REPORT

Month of \_\_\_\_\_, 20\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
Name of Business and Cert. No.

\_\_\_\_\_  
Name of Specialist and Cert. No.

\_\_\_\_\_  
Specialist's Initials

**BUILDING INFORMATION**

Buildings per address \_\_\_\_\_

Building No. \_\_\_\_\_ of \_\_\_\_\_ measured

\_\_\_\_\_  
Street Address of Building (physical location)

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
Zip

Measurement Type: Real estate:  Simultaneous,  Sequential,  Continuous Monitor

Other:  Initial short term,  Short term follow-up,  Long term follow-up  
 Pre-mitigation,  Post-mitigation,  Special (specify): \_\_\_\_\_

**Check All That Apply**

**Foundation/Floor Type**

- Slab
- Crawlspace
- Basement
- Bare Earth Cellar
- Pier/Pillar
- Other (specify): \_\_\_\_\_

\_\_\_\_\_  
No. of Stories

\_\_\_\_\_  
No. of Stories Occupied

\_\_\_\_\_  
Age of Building  
(in Years – or Year Built)

Upon completion of this form, send to:

**Department of Health  
Bureau of Environmental Health / Radon Program  
4052 Bald Cypress Way, Bin #A12  
Tallahassee, FL 32399-1720**

You may scan the report and email it to [RadonReports@FLhealth.gov](mailto:RadonReports@FLhealth.gov)

