Radon Testing Corp. of America
2 Hayes Street, Elmsford, NY 10523, Phone: (914)345-3380

Radon Testing Summary Sheet
Please fill out all pertinent information legibly

Send Results Report to:
Contact: Barbara Carlson
Company/Agency/Board of Ed: Monroe 1 BOCES
Address: 41 O'Connor Road
City: Rochester State: Ny Zip: 14450
Phone: 585 - 387-3840 Fax: 585 - 383-6415
Email: barbara_carlson@boces.monroe.edu

Test Location Information:
School District: Monroe 1 BOCES School Code #: _____
County: Monroe Municipality: _____
Building/School Name: Morgan & Bird School
Address: 108-120 East Avenue
City: East Rochester State: Ny Zip: 14445
Placed by ID#: _____ Retrieved by ID#: _____
Start Date: 12/8/2014 Stop Date: 12/10/2014
Total # of detectors for this building: 75

PLEASE CIRCLE APPROPRIATE CONDITIONS

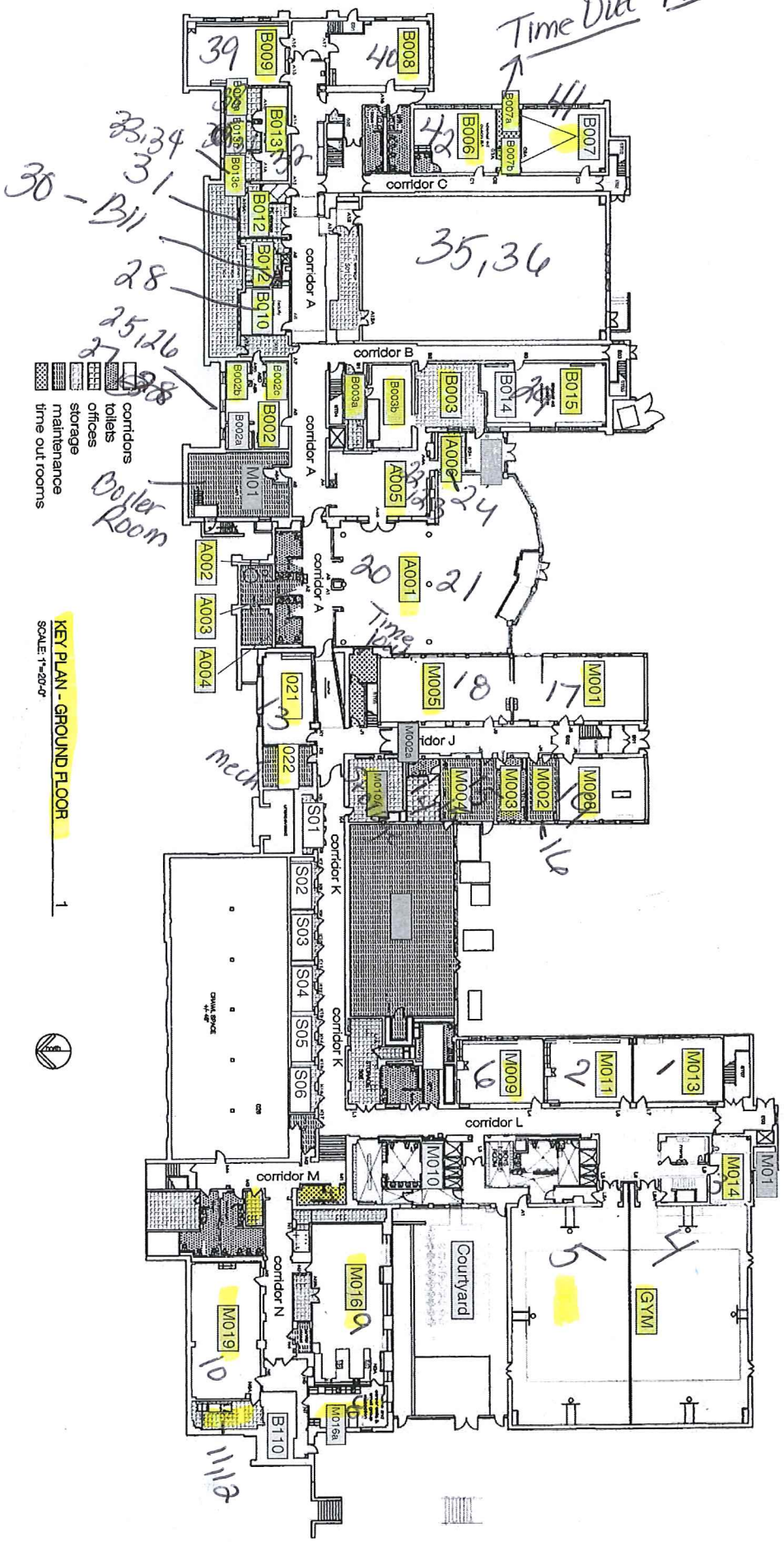
Building Type: Day Care-(D) Residential-(R) Non-Residential-(N)
School-(S) Public School-(P) Unknown-(U)

Structural Type of Building: Basement-(B) Crawlspace-(C) Slab-on-grade-(S)
Other-(O) Unknown-(U)

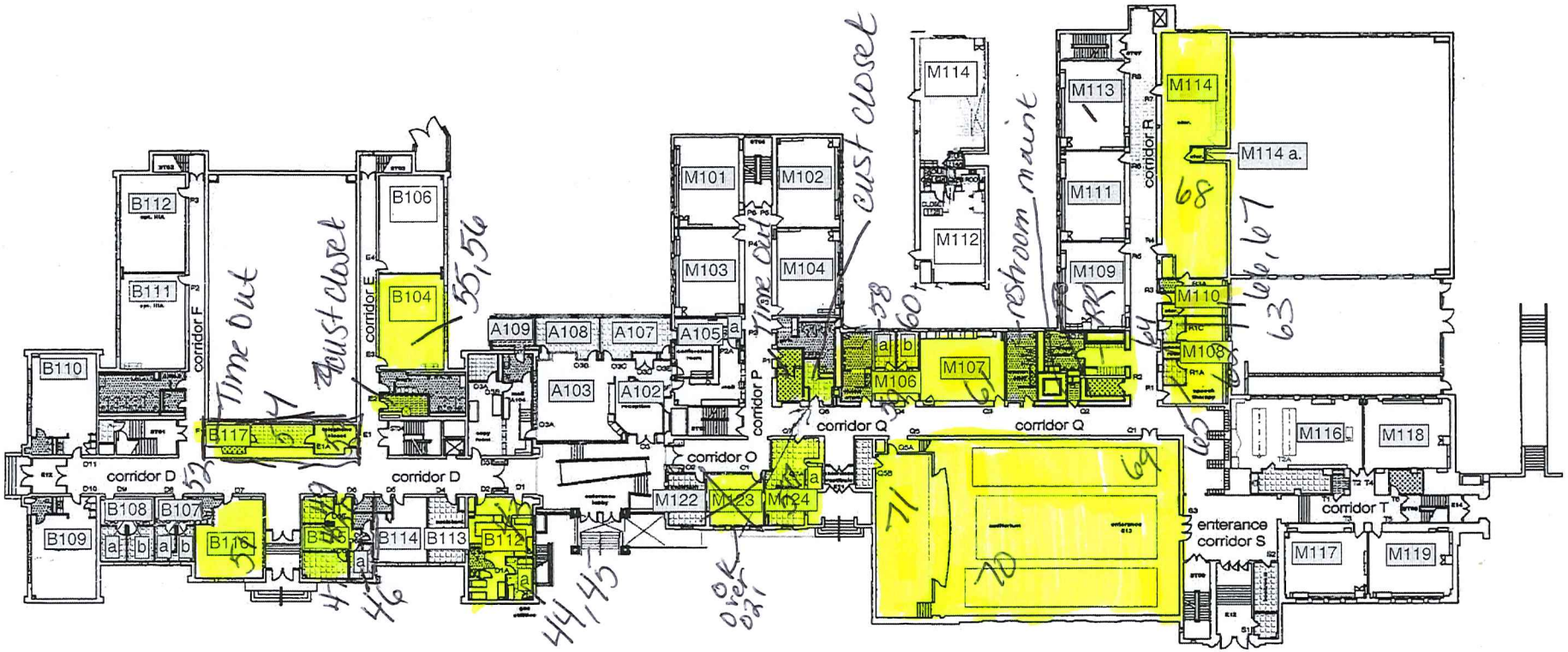
Purpose of Test: Standard-(S) Real Estate-(R) Duplicate-(DP) Blank-(BL)
Post Mitigation-(POM)

Test Conditions: Open House-(OH) Closed House-(CH) Rainy-(RA)
Windy-(WY) Unknown-(NO)

15-45°F, Snow


Time Out - No
4 blanks
39
40
42
41
35,36
33,34
31
30 - B11
28
25,26
27
24
20
21
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
corridor A
corridor B
corridor C
corridor J
corridor K
corridor L
corridor M
corridor N
B009
B008
B007
B006
B013
B012
B011
B010
B002
B003
B014
B015
A005
A002
A003
A004
A001
M005
M001
M002
M003
M004
M008
M009
M011
M013
M014
M010
M016
M019
S01
S02
S03
S04
S05
S06
021
022
M01
Courtyard
GYM
B110
corridors
toilets
offices
storage
maintenance
time out rooms
Boiler Room
KEY PLAN - GROUND FLOOR
SCALE: 1"=20'-0"

*no to time out/calming rooms



MIBOCES
LEB/Morgan

12/8/2014 - 12/10/14

Instructions: Tear off center bar coded label from detector and affix to sheet in spaces provided. Please make sure top bar code label is left on detector. Record start & stop time, identify test location and indicate if QA measurement for each detector. Use additional sheets as necessary. Please mark clearly if any detector is missing or damaged at retrieval.

Bar Code Label

1

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361106

Start Time: 846 Stop Time: 11 17 AM

Room # or other identifier: M13 Floor: G

Please circle if QA Measurement: Blank Duplicate

2

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361095

Start Time: 847 Stop Time: 11:19A

Room # or other identifier: M11 Floor: G

Please circle if QA Measurement: Blank Duplicate

3

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361103

Start Time: 847 Stop Time: 11:19A

Room # or other identifier: M14 Floor: G

Please circle if QA Measurement: Blank Duplicate

4

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361668

Start Time: 848 Stop Time: 11:19A

Room # or other identifier: Gym Floor: G

Please circle if QA Measurement: Blank Duplicate

5

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358066

Start Time: 848 Stop Time: 11:19A

Room # or other identifier: Gym Floor: G

Please circle if QA Measurement: Blank Duplicate

6

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361247

Start Time: 849 Stop Time: 11:20A

Room # or other identifier: M09 Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES
LEB/Morgan

12/8/2014 - 12/10/14

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Bar Code Label

7

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358047

Start Time: 850 Stop Time: 11:26 AM

Room # or other identifier: Time Out Rm Floor: G

Please circle if QA Measurement: Blank Duplicate

8

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361262

Start Time: 854 Stop Time: 11:26 AM

Room # or other identifier: M016a Floor: G

Please circle if QA Measurement: Blank Duplicate

9

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361680

Start Time: 855 Stop Time: 11:26 AM

Room # or other identifier: M016 Floor: G

Please circle if QA Measurement: Blank Duplicate

10

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361126

Start Time: 856 Stop Time: 11:27 AM

Room # or other identifier: M019 Floor: G

Please circle if QA Measurement: Blank Duplicate

11

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361954

Start Time: 857 Stop Time: 11:27 AM

Room # or other identifier: M019 Stor Floor: G

Please circle if QA Measurement: Blank (Duplicate)

12

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361203

Start Time: 857 Stop Time: 11:27 AM

Room # or other identifier: M019 Stor Floor: G

Please circle if QA Measurement: Blank (Duplicate)

MIBOCES
LEB/Morgan
12/8/14 - 12/10/14

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Bar Code Label

13
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361117

Start Time: 900 Stop Time: 11 30 A
Room # or other identifier: M21 Floor: G
Please circle if QA Measurement: Blank Duplicate

14
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361693

Start Time: 901 Stop Time: 11:30
Room # or other identifier: Maint Office Floor: G
Please circle if QA Measurement: Blank Duplicate

15
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361241

Start Time: 902 Stop Time: 11:31
Room # or other identifier: Maint Off Storage Floor: G
Please circle if QA Measurement: Blank Duplicate

16
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361636

Start Time: 903 Stop Time: 11:32
Room # or other identifier: M2 Floor: G
Please circle if QA Measurement: Blank Duplicate

17
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361690

Start Time: 905 Stop Time: 11:33
Room # or other identifier: M1 Floor: G
Please circle if QA Measurement: Blank Duplicate Upside down

18
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361939

Start Time: 906 Stop Time: 11:34
Room # or other identifier: M5 Floor: G
Please circle if QA Measurement: Blank Duplicate

MIBOCES
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12/8/2014 - 12/10/14

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31

Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361082

Start Time: 923 Stop Time: 11:45

Room # or other identifier: B12 Floor: G

Please circle if QA Measurement: Blank Duplicate

32

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361676

Start Time: 926 Stop Time: 11:47

Room # or other identifier: B13 Entry Floor: G

Please circle if QA Measurement: Blank Duplicate

33

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361240

Start Time: 927 Stop Time: 11:47

Room # or other identifier: B13C Floor: G

Please circle if QA Measurement: Blank Duplicate

34

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361670

Start Time: 927 Stop Time: 11:47

Room # or other identifier: B13 C Floor: G

Please circle if QA Measurement: Blank Duplicate

35

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358042

Start Time: 924 Stop Time: 11:46

Room # or other identifier: Gym - Bird Floor: G

Please circle if QA Measurement: Blank Duplicate

36

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361191

Start Time: 924 Stop Time: 11:46

Room # or other identifier: Gym - Bird Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES
LEB/Morgan
12/8/2014 - 12/10/14

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Bar Code Label

19

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361943

Start Time: 907 Stop Time: 11:35

Room # or other identifier: M6 Floor: G

Please circle if QA Measurement: Blank Duplicate

20

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361189

Start Time: 910 Stop Time: 11:37

Room # or other identifier: A1 - Cafeteria Floor: G

Please circle if QA Measurement: Blank Duplicate

21

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361194

Start Time: 910 Stop Time: 11:37

Room # or other identifier: A1 - Cafeteria Floor: G

Please circle if QA Measurement: Blank Duplicate

22

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361104

Start Time: 912 Stop Time: 11:58

Room # or other identifier: A5 Floor: G

Please circle if QA Measurement: Blank Duplicate

23

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361238

Start Time: 912 Stop Time: 11:39

Room # or other identifier: A5 Floor: G

Please circle if QA Measurement: Blank Duplicate

24

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361686

Start Time: 913 Stop Time: 11:39

Room # or other identifier: A6 Floor: G

Please circle if QA Measurement: Blank Duplicate

MIBOCES
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12/8/2014 - 12/10/14

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Bar Code Label

25
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357979

Start Time: 917 Stop Time: 11:40
Room # or other identifier: B2 Floor: G
Please circle if QA Measurement: Blank Duplicate

26
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361248

Start Time: 917 Stop Time: 11:40
Room # or other identifier: B2 Laundry Floor: G
Please circle if QA Measurement: Blank Duplicate

27
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361201

Start Time: 918 Stop Time: 11:41
Room # or other identifier: Living Rm - B2 Floor: G
Please circle if QA Measurement: Blank Duplicate

28
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361952

Start Time: 918 Stop Time: 11:42
Room # or other identifier: Classroom/Kitchen B10 Floor: G
Please circle if QA Measurement: Blank Duplicate

29
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361958

Start Time: 920 Stop Time: 11:43
Room # or other identifier: B14 OT/PT Floor: G
Please circle if QA Measurement: Blank Duplicate

30
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361934

Start Time: 922 Stop Time: 11:44
Room # or other identifier: B11 - Phys Ed Office Floor: G
Please circle if QA Measurement: Blank Duplicate

MI BOCES
LEB/Morgan
12/8/2014 - 12/10/14

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Bar Code Label

37
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358018

Start Time: 928 Stop Time: 11:53
Room # or other identifier: B136 Floor: G
Please circle if QA Measurement: Blank Duplicate

38
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357710

Start Time: 928 Stop Time: 11:53
Room # or other identifier: B13a Floor: G
Please circle if QA Measurement: Blank Duplicate

39
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361978

Start Time: 930 Stop Time: 11:53
Room # or other identifier: B9 Floor: G
Please circle if QA Measurement: Blank Duplicate

40
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361244

Start Time: 932 Stop Time: 11:52
Room # or other identifier: B8 Floor: G
Please circle if QA Measurement: Blank Duplicate

41
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361963

Start Time: 934 Stop Time: 1148
Room # or other identifier: B7 Floor: G
Please circle if QA Measurement: Blank Duplicate

42
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357981

Start Time: 935 Stop Time: 1148
Room # or other identifier: B6 Floor: G
Please circle if QA Measurement: Blank Duplicate

MIBOCES
LEB/Morgan

12/8/14 - 12/10/14

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Bar Code Label

43
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361641

Start Time: 943 Stop Time: 11:59
Room # or other identifier: B102 Floor: 1
Please circle if QA Measurement: Blank Duplicate

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(44)
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358040

Start Time: 943 Stop Time: 11:59
Room # or other identifier: B102-Office Floor: 1
Please circle if QA Measurement: Blank Duplicate

45
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358019

Start Time: 943 Stop Time: 11:59
Room # or other identifier: B102-Office Floor: 1
Please circle if QA Measurement: Blank Duplicate

46
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361937

Start Time: 944 Stop Time: 12:01
Room # or other identifier: B115D Floor: 1
Please circle if QA Measurement: Blank Duplicate

47
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361234

Start Time: 945 Stop Time: 12:01
Room # or other identifier: B115C Floor: 1
Please circle if QA Measurement: Blank Duplicate

48
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358021

Start Time: 945 Stop Time: 12:01
Room # or other identifier: B115B Floor: 1
Please circle if QA Measurement: Blank Duplicate

TION AND KEEP

MI BOCES
LEB/Morgan

12/8/14 – 12/10/14

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Bar Code Label

49
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358064

Start Time: 946 Stop Time: 12:01

Room # or other identifier: B115A Floor: 1

Please circle if QA Measurement: Blank Duplicate

50
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358030

Start Time: 947 Stop Time: 12:01

Room # or other identifier: B115 Entry Floor: 1

Please circle if QA Measurement: Blank Duplicate

51
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361068

Start Time: 948 Stop Time: 12:02

Room # or other identifier: B116 Floor: 1

Please circle if QA Measurement: Blank Duplicate

52
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361138

Start Time: 949 Stop Time: 12:07

Room # or other identifier: B116 - restroom Floor: 1

Please circle if QA Measurement: Blank Duplicate

53
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358062

Start Time: 951 Stop Time: 1206

Room # or other identifier: B113 Floor: 1

Please circle if QA Measurement: Blank Duplicate

54
REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361640

Start Time: 951 Stop Time: 12:06

Room # or other identifier: B113 rear Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
LEB/Morgan

12/8/14 - 12/10/14

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Bar Code Label

(55)

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358038

Start Time: 953 Stop Time: 12:08

.oom # or other identifier: B104 Floor: 1

lease circle if QA Measurement: Blank Duplicate

(56)

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361969

Start Time: 953 Stop Time: 12:04

Room # or other identifier: B104 Floor: 1

Please circle if QA Measurement: Blank Duplicate

57

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361684

Start Time: 956 Stop Time: 12:09

Room # or other identifier: M124 Floor: 1

Please circle if QA Measurement: Blank Duplicate

58

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361940

Start Time: 957 Stop Time: 12:10

Room # or other identifier: M106a Floor: 1

Please circle if QA Measurement: Blank Duplicate

59

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361961

Start Time: 957 Stop Time: 12:11

Room # or other identifier: M106 Floor: 1

Please circle if QA Measurement: Blank Duplicate

60

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357948

Start Time: 958 Stop Time: 12:11

Room # or other identifier: M106b Floor: 1

Please circle if QA Measurement: Blank Duplicate

MIBOCES
LEB/Morgan

12/8/2014 - 12/10/14

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Bar Code Label

61

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361129

Start Time: 1000 Stop Time: 12:12

Room # or other identifier: M107 Floor: 1

Please circle if QA Measurement: Blank Duplicate

62

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361635

Start Time: 1006 Stop Time: 12:14

Room # or other identifier: M108 Floor: 1

Please circle if QA Measurement: Blank Duplicate

63

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361637

Start Time: 1006 Stop Time: 12:14

Room # or other identifier: M108-R&IC Floor: 1

Please circle if QA Measurement: Blank Duplicate

64

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361971

Start Time: 1007 Stop Time: 12:14

Room # or other identifier: M108-mid office / RIB Floor: 1

Please circle if QA Measurement: Blank Duplicate

65

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2358024

Start Time: 1007 Stop Time: 12:14

Room # or other identifier: M108-RIA Floor: 1

Please circle if QA Measurement: Blank Duplicate

66

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361866

Start Time: 1009 Stop Time: 12:16

Room # or other identifier: M110 Floor: _____

Please circle if QA Measurement: Blank Duplicate

MIBOLE / LEB/Morgan

12/8/2014 - 12/10/14

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Bar Code Label

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361118

Start Time: 1009 Stop Time: 12:16

Room # or other identifier: M110 Floor: 1

Please circle if QA Measurement: Blank (Duplicate)

68

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361669

Start Time: 1010 Stop Time: LOST

Room # or other identifier: M114 Floor: 1

Please circle if QA Measurement: Blank Duplicate

69

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361073

Start Time: 1013 Stop Time: 12:18

Room # or other identifier: Aud Floor: 1

Please circle if QA Measurement: Blank Duplicate

70

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361090

Start Time: 1013 Stop Time: 12:18

Room # or other identifier: Aud Floor: 1

Please circle if QA Measurement: Blank Duplicate

71

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361667

Start Time: 1014 Stop Time: 12:18

Room # or other identifier: Stage Floor: 1

Please circle if QA Measurement: Blank Duplicate

N/A

Start Time: — Stop Time: —

Room # or other identifier: — Floor: —

Please circle if QA Measurement: (Blank) Duplicate

MIBOCES
LEB/Morgan

12/8/14 - 12/10/14 Page 13 of 13

Instructions: Tear off center bar coded label from detector and affix to sheet in spaces provided. Please make sure top bar code label is left on detector. Record start & stop time, identify test location and indicate if QA measurement for each detector. Use additional sheets as necessary. Please mark clearly if any detector is missing or damaged at retrieval.

Bar Code Label

12

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361212

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

13

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361213

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

14

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2361130

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

15

REMOVE THIS PORTION AND AFFIX TO TEST INFORMATION FORM
2357620

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate

Start Time: _____ Stop Time: _____

Room # or other identifier: _____ Floor: _____

Please circle if QA Measurement: Blank Duplicate