

JOKINIEMENKUJA 1, 01370 VANTAA

INDOOR RADON MEASUREMENT - FORM

Tel. (09) 759881

CONTACT INFORMATION First name Last name Telephone E-mail address Information confidentially only to be used by S		Number of Room Living roo Bedroom Other	Floor Floor 0 i.e., underground Floor 1 i.e., ground level
MEASUREMENT SITE INFORMATION Address Postal code and postal address Municipality		☐ Yes ☐ No (e.g.,	3 I UK FILLS IIV
MEASUREMENT TIME Measurement starting date (dd. mm. yyyy) Measurement ending date (dd. mm. yyyy) Measurement dates are needed to calculate re		Room Living room Bedroom Other	Floor Floor Floor 0 i.e., underground Floor 1 i.e., ground level Floor 2 Floor 3 or higher retector placed in residential spaces?
ADDITIONAL INFORMATION Please answer the following questions. STUK uses the data for studies on radon occurrence and prevention. Answering is voluntary. Check all the options that apply.			
Year of completion of the house Square footage of the house (m²)	Use of residence ☐ Permanent residence ☐ Free-time residence	Was the d ☐ Yes ☐ No	welling in use during measurement?
Type of dwelling Detached house Semi-detached house Terraced house Apartment house Balcony access block Other	Was radon piping installed under the floor slab during construction? ☐ I don't know ☐ No ☐ Yes, the end of the radon pipe outlet is sealed airtight ☐ Yes, the end of the radon pipe outlet is open outdoors ☐ Yes, radon piping was activated by connecting an exhaust fan to it that has been on during the measurement		
Type of house House with no basement House with basement House located on a slope Foundation of house I don't know Pedestal and slab flooring Edge-reinforced slab Crawl space foundation	Have any radon remediation measures been performed to dwelling after the building was completed? I don't know No measures Installed radon exhaust fan (suction under the floor slab) Installed radon well outside of the house Sealing of structures Sealing of through holes of floor slab Ventilation measures taken Crawl space ventilation enhanced Other		
Ventilation ☐ Gravity ventilation i.e., natural ventilation ☐ Mechanical exhaust ventilation ☐ Mechanical supply and exhaust ventilation	Has an air leakage test been made? ☐ I don't know ☐ No ☐ Yes, air leakage rate q ₅₀		Below the apartment? ☐ I don't know ☐ Another dwelling or other spaces ☐ Ground or rock

Return the detector matching this form together with this form using the same envelope. STUK sends the results to the customer after the results have been analyzed.