


Number of detector

### 1. MEASUREMENT INFORMATION

Fill in all section 1 information for each detector.

**Measurement point name** (e.g. room 1, only one point/site with the same name) \_\_\_\_\_

**Measurement starting date** (dd. mm. yyyy) \_\_\_\_\_

**Measurement ending date** (dd. mm. yyyy) \_\_\_\_\_

Measurement dates are needed to calculate results.

If STUK has asked for a remeasurement at the measurement point, use the same measurement point name as before.

**Workplace/Building name** \_\_\_\_\_

### 2. WORKPLACE/BUILDING INFORMATION

It is enough to fill in section 2 information in one form.

Address \_\_\_\_\_

Postal code and postal address \_\_\_\_\_

Municipality \_\_\_\_\_

**Business ID number**

**ID of the Notification Request issued by STUK** (if any)

### 3. EMPLOYER INFORMATION

It is enough to fill in section 3 information in one form.

If necessary, STUK will be in contact with the employer about limiting employees' radon exposure.

Workplace name \_\_\_\_\_

Address \_\_\_\_\_

Postal code and postal address \_\_\_\_\_

Contact person \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

### 4. ADDITIONAL INFORMATION

Return the detector matching this form together with this form using the same envelope.

STUK sends a separate test report for each measurement site to the customer after the results have been analyzed.