

# GlobeSpec Radon Report

Address of Property Tested: \_\_\_\_\_  
\_\_\_\_\_

GlobeSpec ID #: \_\_\_\_\_

Inspection Company : \_\_\_\_\_

Technician's Name: \_\_\_\_\_

Technician RMP #: \_\_\_\_\_

Technician State License: (if required) \_\_\_\_\_

Location Tested: \_\_\_\_\_

Type of Testing Device Used: \_\_\_\_\_

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

Stop Date: \_\_\_\_\_ Stop Time: \_\_\_\_\_

Results:                      pCi/L  
\_\_\_\_\_

If E-perms were used fill in their numbers: \_\_\_\_\_

If using a Continuous Radon Monitor include the model number and calibration date and be sure to include a copy of the printed tape.

CRM #: \_\_\_\_\_

Calibration Date: \_\_\_\_\_