



Bethel Health Department RADON TEST KIT REQUEST FORM

Test Kit ID # _____

Request for the **RADON TEST KIT** – BHD Radon Testing Program 2025-2026:

To receive Radon Test Kit, please complete the following information:

Name: _____

Address: _____

Phone No: _____ Email: _____

I am requesting a Radon Test Kit so it can be placed at the following location (*Check one*):

- Finished Basement
- Living Room
- Den
- Playroom
- Family Room
- Home Office

Do not put Radon Test Kit in kitchen, bathroom or hallway. The device should not be put in direct sunlight, near drafts, furnaces, boilers, fireplaces, vents or appliances.

- *I understand that the Radon Test Kit should be placed at the lowest lived-in level of the home in a room that is frequently used (living room, playroom, den, finished basement area, home office) for two to three days.*
- *I will complete the testing in the month of January through March, 2025.*
- *I will complete the information on card to be enclosed with the test kit.*
- *I will then package up the test kit and information card and return them to Air Chek for analysis in the postage paid envelope.*

Note: Air Chek will send you the test results via email (if provided) or via regular mail. The State of CT also receives a copy of test results.

Bethel's Goal: To increase awareness and knowledge about radon and promote radon hazard reduction in residents' homes.

Attached are educational information, fact sheets and a checklist for homeowner's review.