



Safe Environments
World Wide

For your convenience, record detector #'s here

Detector 1#: _____

Detector 2#: _____

Detector 3#: _____

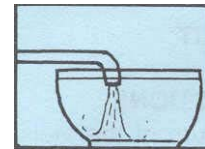
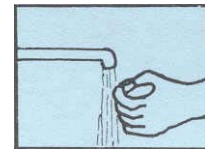
READ ALL OF THE INSTRUCTIONS BEFORE YOU BEGIN

Operating instructions for the Radon in water test kit are furnished to you with specific steps, which must be followed by you. If these instructions are not followed correctly, National Safety Products, Inc. cannot provide any warranty remedy to you for any claims, which arise due to the failure to follow instructions. **If you do not understand the instructions, STOP. Do not use the test kit until you have called or written for clarification by National Safety Products, Inc.**

The Radon in water test kit will measure average radon concentrations in your home or building water supply, which was present during the testing period. Radon concentrations can vary considerably throughout the year due to many factors. EPA recommends a follow-up test to obtain reliable information about your average annual radon exposure.

How to do the test:

1. Remove the aerator from the faucet (if one is attached).
2. Turn on the cold water & allow it to flow at a moderate rate for approximately 3-5 minutes.
3. Place a clean bowl under the faucet & allow it to fill up with the water from the faucet.
4. Remove the test-vial lid & fill it with the water sample to be tested from the bowl. Tap the vial while it is still underwater to remove air bubbles. Replace the vial lid while it is still UNDERWATER.
5. Complete the data requested on the information form. Repack the vial & information form in the shipping carton.
6. Place the detector & information form in the mailing package → **Affix proper postage, and tape the mailing package closed; Must return to lab within 7 days from closing vial(s). CT residents must return within 4 days.**



Mailing & Shipping Address:

RADON LAB; 11 AWL STREET; MEDWAY, MA 02053

Get online results typically within 24-48 hours of our receiving vials back in the lab at:
www.TestProducts.com/results

National Safety Products, Inc.

www.TestProducts.com

↑ cut here

INFORMATION FORM

cut here ↑

Send Report To:		Test address:
Name:		Name:
Address:		Address:
City, State, Zip		City, State, Zip
eMail results to:		
RMP Cert # (if required):		
Notes:		
Detector #:	Detector #:	Detector #:
Floor level:	Floor level:	Floor level:
Name of room:	Name of room:	Name of room:
Date & time sample taken:	Date & time sample taken:	Date & time sample taken:

It is important that during the winter months to be certain to take precautions that your sample will not freeze. For more info email us.

National Safety Products, Inc.

05/08

www.testproducts.com