

School Radon Testing Reporting Form

According to Minnesota Statute 123B.571 subd. 3, a school district that has tested its school buildings for the presence of radon shall report the results of its tests to the Department of Health. Please use this form to submit information about the most recent round or cycle of testing conducted for each building.

Instructions

1. Complete one form for each building tested. In this case, a building is defined as an occupied facility with a unique address. This includes administrative buildings.
2. Include this form, raw data (e.g. laboratory report) and a building map.
3. Submit this form when all work is completed for a round of testing. This includes reporting to the school board, and follow-up testing and post-mitigation testing, if applicable.
4. Email information to health.indoorair@state.mn.us.

Contact Information

(Submitting this report)

Name Henry Schantzen

Mailing Address 1321 Gilmore ave, winona Mn, 55987

Phone (507) 452-2807 Email hschantzen@bluffviewmontessori.org

Person(s) Deploying or Retrieving Test Devices¹

Name Jake Cisewski Organization/Company JC Radon Services

Name _____ Organization/Company _____

Name _____ Organization/Company _____

School Board Reporting

Were all the results reported at a school board meeting?

☒ Yes ☐ No

¹ List all individuals that deployed (placed) or retrieved (picked up) test devices including initial, follow-up, and post-mitigation testing. Additional names can be added to notes at end of this form.

Initial Radon Testing

School Building Name Bluffview MontessoriSchool District & District Number 4001-07Building Address 1321 Gilmore Ave, Winona Mn 55987Test Kit Manufacturer RadStar Device name RS300Date of Kit Retrieval (MM/DD/YY) 12/06/22 Length of Test (days)⁵ 5How many rooms were tested? ⁵ 5Does the test period include weekends? ☒ Yes ☐ NoDoes the test period include school breaks or holidays? ☐ Yes ☒ NoWas HVAC operating under occupied conditions? ☒ Yes ☐ NoWere test devices deployed in all occupied and intended to be occupied rooms in contact with the ground, and, if applicable, 10% of upper floor rooms? ☐ Yes ☒ NoWere valid measurements obtained in all occupied and intended to be occupied rooms in contact with the ground, and, if applicable, 10% of upper floor rooms?² ☐ Yes ☒ NoIf no, were all results obtained under 2.0 pCi/L **and** were there sufficient valid measurements obtained that allowed for no further testing?³ ☒ Yes ☐ NoHow many rooms had results ≥ 4 pCi/L? ⁰ 0

² This includes rooms, offices, classrooms, and other general use areas. Ground contact means: 1) rooms that have floors or walls in contact with the ground; and 2) rooms that are closest to the ground over untested ground-contact locations, such as a crawl space, utility tunnel, parking garage and other non-habitable space that is in contact with ground. Intended to be occupied rooms are locations where there are plans to occupy rooms even though they are unoccupied at the time of the testing. In addition, if the building has upper floors, at least 10% of these rooms must be tested.

³ Section 6.2 of the ANSI/AARST standard allows for a specific small number of invalid measurements (e.g., test kits missing, damaged, etc) if all the valid test results were under 2.0 pCi/L. Review this section of the standard and evaluate how many rooms needed testing and how many had valid results. If there were too many invalid results, this means additional testing was required in these locations and answer this question as 'no'.

Follow-up Testing, Mitigation, & Post-Mitigation Testing

If one or more rooms tested ≥ 4 pCi/L, please answer the questions below.

How many rooms had follow-up testing? _____

Number of rooms with follow-up results:

≥ 4 pCi/L _____ < 4 pCi/L _____

Of the rooms that had test results ≥ 4 pCi/L, how many rooms were:

mitigated by diluting or pressurizing the soil or indoor air

(not active soil depressurization)? _____

mitigated by installing active soil depressurization system(s)? _____

reduced by adjusting the HVAC system? _____

Individual who installed mitigation

Name _____ Organization/Company _____

What was the cost of the installation and/or HVAC service work, to mitigate radon? _____

What is the known or anticipated annual operating cost of mitigation (estimate)? _____

After radon mitigation, how many rooms were re-tested?⁴ _____

Post-mitigation results (# of rooms):

≥ 4 pCi/L _____ < 4 pCi/L _____

Notes

No rooms tested about .6 pci/l

Minnesota Department of Health | Environmental Health | Indoor Air Unit

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www.health.state.mn.us

June 2021

To obtain this information in a different format, call: 651-201-4601.

⁴ The building must be tested, to verify reduction and ensure mitigation has not increased radon in rooms that used to be low.