

Client Authorizations & Communications

Client and Facilitating Staff Member Contact Information Client/Authorized Agent _____phone ____ Onsite Supervisor phone Building/Dwelling Access ______phone _____ HVAC Operations ______phone _____ Other Contact/Title phone **Radon Testing Professional Contact Information** Scheduling/Logistics phone phone _____ Onsite Supervisor _____ Field Technician ______ phone phone Field Technician _____ Staff authorized for responding to occupant and public inquiries: Name/Title _____phone _____ Name/Title phone Person(s) authorized to receive report data and incremental reports: Name/Title _____phone _____ Name/Title _____phone _____ Frequency of Reports prior to testing after each phase of testing when testing is complete

Minnesota Department of Health | Indoor Air Unit | PO Box 64975 | St. Paul, MN 55164 | 651-201-4601 health.indoorair@state.mn.us | www.health.state.mn.us | mngov/radon

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