



Center for Healthy Homes and Environment Radon Program

Radon Start Work Notification

Start Work Notification: Initial Revised Canceled

Dates: Start date/time: _____ Estimated completion date/time: _____

Contractor Information:

Contractor Name: _____ RIDOH License No.: _____

Street: _____ City/State/ZIP: _____

Email: _____ Phone: _____

Radon Supervisor: _____ RIDOH License No.: _____

Email: _____ Phone: _____

Facility Information:

Facility Name: _____ Building Name: _____

Street Address: _____ City/State/ZIP: _____

Contact Person: _____ Title: _____

Email: _____ Phone: _____

Pre-Mitigation Testing:

Attach all available copies of radon tests taken at the facility including testing by an owner or tenant. Reports from a radon professional must contain the name and license number of the Radon Testing Business, Radon Inspector, and Radon Analytical Services.

Copies of radon tests and reports attached: Yes No

Post-Mitigation Testing:

Provide the name and license numbers of the radon professionals who will be performing the post-mitigation testing.

Known Unknown

Radon Testing Business: _____ RIDOH License No.: _____

Radon Inspector: _____ RIDOH License No.: _____

Radon Analytical Service: _____ RIDOH License No.: _____

Test kit provided to owner: Yes No

Mitigation System:

Sub-slab depressurization

Block wall depressurization

Crawl space depressurization

Crawl space ventilation

Sealing slab cracks and openings

Mechanical ventilation

Mechanical heat recovery ventilation

Water (Specify: _____)

Other (Specify: _____)

RRNC (Specify: _____)

Describe special features:

Certification:

I hereby certify that the radon mitigation system installation will be performed by a RIDOH-licensed Radon Supervisor or Radon Worker(s) under the direct on-site supervision of the Radon Supervisor in accordance with the *Rules and Regulations for Radon Control (216-RICR-50-15-2)* and that the Supervisor will notify RIDOH at 401-222-7796 before the work begins.

| | |
|-----------|-------|
| Name | Title |
| Signature | Date |

Submit completed form to:

Email: doh.radon@health.ri.gov
Fax: 401-222-2456 or 401-222-7759

This notification must be received by RIDOH at least three (3) business days before the mitigation project begins. Notification of any changes to the project must be received at least one (1) business day in advance.

Questions can be directed to the Radon Program at doh.radon@health.ri.gov or 401-222-7796.