

Division of Environmental Health Investigation

Please type or print using black or blue ink

Please return the completed Radon Detector Order Form to:
 NEW YORK STATE DEPARTMENT OF HEALTH
 Bureau of Environmental Radiation Protection
 Flanigan Square, Room 530
 547 River Street
 Troy, NY 12180-2216
 (800)458-1158

Please fill in areas 1 through 9 and contact the representative for the Central New York Coalition for Healthy Indoor Air to get your free radon detector. Call Greg Haley at 315-558-6666.

For Office Use Only	
NYSDOH ID Number	
Special Study Code	CNY

1. Name
 First: _____ Last: _____ MI: _____

2. Mail Detector(s) to the following address
 Street: _____ City: _____ State: _____ Zip: _____

3. Detector(s) will be used at the following address (Please supply if different than mailing address)
 Street: _____ City: _____ State: _____ Zip: _____

4. County _____ Town or Village _____

5. Telephone Number
 Day () _____ Evening () _____ Best time to call _____

6. Have you used radon detectors in this home in the past? Yes No If yes, did you get your test kit through the New York State Department of Health? Yes No

7. I certify that I am not a dealer of radon measuring detectors and that none of the radon detectors sent to me by the New York State Department of Health will be resold. I agree that the device is intended for the purpose of measuring radon levels in my home, daycare or school only.

Signature _____ Date _____

8. The New York State Department of Health, Bureau of Environmental Radiation Protection will use the information in this order form and the results of the radon test for state-wide public health investigations of radon. Your name, address and telephone number will be held confidential by the Department of Health and will not be released without your prior written permission.

9. From time-to-time, this data may be used as part of research into the effects of radon in the home. If you are interested in being contacted to participate in a research project, please check the "Yes" box below. If you choose "Yes", the Health Department may contact you on behalf of persons recruiting research participants. Your name and address will not be released to them without your further permission. Checking "Yes" does not automatically enroll you in a research project, or authorize release of your personal information and test results.

Yes, the Health Department may contact me for research purposes.
 No, I am not interested in participating in research.

<p>Number of Detectors Ordered*</p> <p>_____ Short term radon detectors at \$8.50 each = \$ _____</p> <p>*Please note that one short-term radon detector is sufficient to measure radon concentrations for 2,000 square feet by floor.</p> <p>Make check or money order payable to the New York State Department of Health. Do Not Send Cash.</p>	<p>The Central New York Coalition for Healthy Indoor Air is distributing the detectors free of charge for the New York State Department of Health.</p>
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For Office Use Only	
Detector Number(s)	Fax # 1-518-402-7554
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