



Radon Chamber

Kansas State University



Instructions for completing the KSU Radon Chamber Application for a Device Performance Test

- Item 1. Circle the two-letter abbreviation for the type of device that is being submitted for a performance test. Circle only one abbreviation. A separate form must accompany each device type being submitted. If you circle "OT" then please attach another sheet explaining what type of device is being submitted. Enter the name of the manufacturer and model of the device being tested. Enter the time period in days for which this device was designed to be used in the field.
- Item 2. Enter your full name and NRPP Certification number, if you have a number.
- Item 3. Enter your company name.
- Item 4. Enter your mailing address. This is the address to which we will mail the report to you.
- Item 5. Enter your shipping address. This is the address to which we will ship your device(s) back to you.
- Item 6. Enter the telephone number that you prefer that we use if we need to speak to you. Enter your fax number and e-mail address if you have them.
- Item 7. Sign the form and date it. This is the date on which you are applying for the performance test.

This signed and dated form, and the partially completed "KSU DPT Reporting Form," MUST be received at KSU Radon Chamber before the performance test will be initiated.

KSU Radon Chamber Application for NRPP Performance Test

A completed application form must accompany each device type that is submitted for a proficiency test. Applications that are incomplete or contain illegible information will not be accepted. Please refer to instructions before completing this form.

Please Print or Type

1. Select the measurement device type (only one) for this application from the list below. Circle the abbreviation for that type.

AC AT LS ES EL CR GR OT **CR - Continuous Radon Moni**

AC = Activated Charcoal adsorption

AT = Alpha-Track Detectors

LS = Charcoal Liquid Scintillation

ES = EIC (Short-Term Electret Ion Chamber)

EL = EIC (Long-Term Electret Ion Chamber)

CR = Continuous Radon Monitor

GR = Grab Sampling - Radon

OT = Other EPA-approved method

Manufacturer

Model

NRPP Device Code

Enter sampling time for device(s) days

2. Name: Title First MI Last
(Mr., Ms.,
Mrs.,Dr., etc.)

NRPP Certification # (if known):

3. Company Name:

4. Mailing Address:

Street

P.O. Box/
RFD

City

State DC

Zip

5. Shipping Address: (if same as mailing address, then enter "SAME")

Street

P.O. Box/RFD

City

State DC

Zip

6. Telephone: Fax:

E-mail:

7. Signature

Date:

8. Payment: Made online by credit card