



**RADON MEASUREMENT INSTRUCTION SHEET AND  
DATA FORM FOR RADON IN WATER SAMPLING**

1. Perform the test on a Monday or a Tuesday. Because radon is radioactive, the amount of radon in the sample vial gets smaller as time goes on. Therefore, it is important to perform the test on a day when the sample can be immediately returned and analysis can begin the same week. To prepare for taking the sample: uncap the sample vial and place it where it will not be knocked over. Remove the aerator from the faucet if one is attached. Any faucet may be used for sample collection, but try to use the faucet closest to your water inlet. Turn on the cold water and allow it to flow at a moderate rate for two minutes. If the water has not been used for several days, it will be necessary to run the water long enough to empty the holding tank (usually about 20 gallons) in order to get a representative sample.
2. Hold a large bowl, cup, pan, or similar object up to the faucet, fill the container with water, and allow it to overflow for a minute with the faucet head below the water surface. Turn off the water and place the container on the counter.
3. Submerge the glass sample vial and its cap as deeply as possible in the container filled with water. Cap the now-filled vial under water, making sure that there are no air bubbles inside the vial. Be sure that the cap insert has the rubber-faced (tan) side facing out and the teflon-coated (white) side touching the water when the vial is sealed. It can be helpful to rotate the vial in your hand after sealing to ensure there are no air bubbles in the sample.
4. If you make a mistake, pour the water from the sample vial and perform Step 3 until there are **NO AIR BUBBLES IN THE SAMPLE VIAL**. Air bubbles will corrupt the sample and possibly create inaccuracies in the results.
5. Record the date and time (including AM/PM) of sampling on the form and fill in other information as completely as possible.
6. Return the vial **AND THE FILLED-OUT FORM** to RTL as quickly as possible. We recommend hand delivery to Raleigh or a guaranteed method of shipment that allows you to track delivery to ensure samples arrive safely.

7. Name and/or Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Test Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vial ID Number: \_\_\_\_\_

Location (e.g. kitchen sink, well tap, etc.): \_\_\_\_\_

Sample Date: \_\_\_\_\_ Sample Time: \_\_\_\_\_