

# Ohio Department of Health

## Radon Laboratory Approval Application

Read the instructions carefully and answer all questions as completely as possible. Applications with incorrect or missing information will be returned to you for correction which will delay the application approval process.

Mail **(do not FAX)** the completed application and any supporting documentation to:  
**Ohio Department of Health, Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215**  
 Make check or money order payable to: **Treasurer, State of Ohio**, in the amount of **\$600.00**

**Completion of this form is required by rule 3701-69-12 of the Ohio Administrative Code**

Check One <input type="checkbox"/> New <input type="checkbox"/> Renewal		Check One <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Government <input type="checkbox"/> Other			Federal tax ID#	
Business/Company name					Ohio Approval # if renewal	
Company address				Business phone		Business FAX
City					State	ZIP
Business location (if different from mailing address)				Name(s) of chief executive officer partners, or sole proprietor		
Business contact person			Contact person phone		Contact person email	

Is the laboratory participating in a national proficiency testing program?     Yes     No    If yes, complete information directly below.

Name of proficiency program		Accreditation number		Expiration date	
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- ✓ Attach quality assurance and quality control procedures for radon or radon progeny analysis and the name of the QA/QC manager.
- ✓ Attach radiological safety plan. This should include both administrative and operational aspects of the safety program and a listing of safety-related equipment to be provided to workers.
- ✓ Provide a list by name, training, and experience of all technicians performing radon or radon progeny analysis.
- ✓ Attach a description of the method used to calibrate radon measurement analysis instruments.
- ✓ Attach documentation of your participation in an independent third-party accreditation/certification program consistent with national laboratory accreditation/certification standards.

List laboratory instrumentation to be used for radon and/or radon progeny measurement analysis. Attach additional sheets if necessary.

Type	Manufacturer	Model #	Calibration frequency	Serial #

**This application will not be accepted if signature is omitted**  
 I certify that all information contained herein this application, including any supplements attached hereto, is true and correct.

Signature of applicant	Date
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**Keep a copy of your application and supporting documentation for your files!**