



## OCCUPANT/OWNER COMPLIANCE WITH CLOSED HOUSE CONDITIONS

The Environmental Protection Agency's definition of closed-house conditions is used as guide for all closed house condition verifications. The U.S. EPA requires that closed-house conditions are established 12 hours before conducting short-term tests, verified before deploying any devices and maintained during the test.

### CLOSED HOUSE CONTITIONS

**The following conditions must remain intact for the duration of a testing period less than 96 hours:**

- All external doors and windows must be kept closed 12 hours before the start of the test and remain closed for the duration of the test; except for the time-required to enter or exit
- External-internal air exchange systems (other than a furnace or central air conditioning) must not be operated; exhaust fans and window air conditioners should not be operated
- Fireplaces or wood stoves should not be operated; the dampers should remain closed (exemption: primary heat source)
- Permanent radon mitigation systems should be functioning (on) for at least 24 hours prior to and during the measurement period
- Winds should be less than 30 miles per hour

**Tamper-indicating controls may be utilized; results may be invalid if *Closed House Conditions* are not maintained or if evidence of tampering is found.**

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It is required that an explanation of these closed-house conditions be provided to a responsible occupant of the house to be tested or their designated representative before a short-term screening test.

If this measurement is to satisfy the requirements of a real estate transaction, please complete the highlighted areas. Your signature is requested to verify that we have met this obligation and that the conditions listed above were maintained during the test period.

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By signing below, I verify that: I am an occupant or a designated representative of the seller; I have read and understand the conditions listed above; I had the opportunity to ask questions; and said conditions within my control will be adhered to during the testing period.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Circle whichever applies:    Occupant    or    Designated Representative

Radon Technician: \_\_\_\_\_ Date: \_\_\_\_\_