

**EXHIBIT 1**  
**EXAMPLE FORM: PRIOR NOTICE OF INSPECTION**



Dear \_\_\_\_\_

A radon test is scheduled for the property at \_\_\_\_\_

Tentative test device placement

Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Tentative test device pick-up

Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Please inform the occupant. *We will request a signature on our standard form to ensure required conditions for test accuracy. Any test interference that is detected will be documented in the report and may nullify the test results.*

<b>CLOSED-BUILDING PROTOCOL REQUIRED</b>	
For tests lasting less than 4 days, initiate closed-building conditions 12 hours prior to the test. <b>MAINTAIN CLOSED-BUILDING CONDITIONS THROUGHOUT THE TEST PERIOD.</b>	
<b>REQUIRED CLOSED-BUILDING CONDITIONS</b>	
<b>Windows</b>	<b>Keep closed</b> <i>on all levels of the building including areas not being tested.</i>
<b>External doors</b> (except for momentary entry and exit)	
<b>Heating and Cooling Systems</b>	<b>Set to normal</b> <i>occupied operating conditions with normal temperatures between 65° to 80° F.</i>
<b>Whole House Fans</b>	<b>Do not operate.</b>
<b>Fireplaces</b> including those that burn solid, liquid, or gas fuels (unless they are the primary/normal sources of heat for the building)	
Any other system that may temporarily draw air into or out of the building	
Clothes dryers	<b>Avoid excessive operation.</b>
Range hoods	
Bathroom Fans	
<b>Do not disturb test devices.</b> The detectors cannot be moved, covered or have their performance altered during the test.	

This radon test can help assure a safe and healthy home. We thank you for your cooperation. For any concerns or questions please contact \_\_\_\_\_ Phone (XXX) XXX-XXX

Sincerely, \_\_\_\_\_