



Iowa Department of Public Health

Bureau of Radiological Health

Lucas State Office Building

Des Moines, Iowa 50319-0075

Application for Radon Measurement Laboratory Certification

(See Part A at the end of this application for instructions)

Application Purpose (check one): <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Renewal	
Name of Company or Laboratory: 	Tax ID Number:
Address (street, city, state, zip code): 	Laboratory Manager:
Phone (to be advertised): 	Phone:
Website: 	Email Address:
Owner of Laboratory (if different from above): 	Person in Charge of Analysis or Data (if different from above):
	Phone:
	Email Address:
Fee Schedule/Purpose of Application <ul style="list-style-type: none"> • Specialist Fee: (\$500) _____ • Application Fee: <ul style="list-style-type: none"> ➤ Iowa Resident (\$25) _____ ➤ Non-Resident (\$100) _____ <p style="text-align: right;">Total Fee: _____</p>	Testing Methods Used (Check or X all that apply): <input type="checkbox"/> AT – Alpha-Track Detection <input type="checkbox"/> CC – Activated Charcoal Adsorption <input type="checkbox"/> CR – Continuous Radon Monitor <input type="checkbox"/> EL – Electret-Perm (Long-term) <input type="checkbox"/> ES – Electret-Perm (short-term) <input type="checkbox"/> LS – Charcoal Liquid Scintillation <input type="checkbox"/> UT – Unfiltered Alpha-Track Detection <input type="checkbox"/> Other (explain): _____

Signed and Dated Statements (required), Items 1-3 must also be initialed:

1) I will submit radon test results every 30 days to the radon program within IDPH. The radon test results will be submitted on a form, a diskette, or through e-mail in a manner that is approved by the department. Radon measurements conducted for the purpose of QA/QC should not be submitted unless they are also part of the actual radon test result that is being reported for a building.

Initials _____

2) I will keep all records for a minimum of 5 years after the radon test is completed.

Initials _____

3) I will submit any changes in procedures within 14 days to IDPH (note: all registrations are renewed annually).

Initials _____

4) I have enclosed a check or money order payable to the Iowa Department of Public Health.

5) I have enclosed the additional information required.

6) I hereby certify that all information in this application is true and complete.

7) I understand that all statements and representations made with the application are binding upon the applicant.

Printed Name of Applicant

Title/Position

Signature of Applicant

Date

Part A - Radon Measurement Laboratory Additional Information

- If applying for initial certification, application update, or renewal, please indicate the purpose of the application being sought by placing an X next to the purpose for the application. If initial certification is being sought also indicate a resident or nonresident by placing an X next to the appropriate box under Application Fee.
- Applying for a New Certification:
 - Fill out the entire application form and send in all the information below for review and approval.
 - Submit a check in the amount of \$525 for an Iowa resident and \$600 for a nonresident. The resident application has a \$25 application fee attached, and a nonresident application has a \$100 application fee attached. No application submitted can be processed without submitting the appropriate fees, and all fees submitted are nonrefundable.
 - Check the box next to all testing methods being analyzed, and then used for the reporting of a radon level. All testing methods being analyzed must include a separate Quality Assurance/Quality Control Plan (QA/QCP) and Standard Operating Procedures (SOPs) for the device being used.
- Application Update: If sending in an application update or change, please, send in only the information to be updated and reviewed for approval, along with the first page of the application form.
- Application Renewal: If sending in a renewal, please send in the complete signed and dated renewal form received from the department and the first page of the application form if any changes need to be made.

Please submit the following with your application:

1. Proof of successful participation in the National Radon Proficiency Program (NRPP) or National Radon Safety Board (NRSB).
2. Separate quality assurance and quality control (QA/QC) procedures for test methods being analyzed.
 - The Quality Assurance/Quality Control (QA/QC) plan submitted with your application must include a clear picture of the instrumentation you are using for analysis and the device you are analyzing for obtaining a radon concentration. You must also include an example of the device being analyzed along with proper instructions for its use. The expiration period or shelf life of each device with detailed storage, and tracking information must also be indicated.
 - The Quality Assurance/Quality Control (QA/QC) plan submitted with your application must also include the analytical parameters and a full explanation of how the devices are analyzed for radon concentrations.
3. Name(s), address, and contact information, for any retail operational(s) selling the laboratory's testing service(s) within Iowa.