

Washington County Public Health Radon Test Kit Form

Date _____

Client Name _____ Phone _____

Address _____
Street City/Town Zip Code

How did you find out about the Radon Testing program? _____

Income Verification: Do you qualify for any of the following programs?

DSS Medicaid WIC
 SS Head Start CMS
 Food Stamps Other

I understand, agree and admit that I am responsible for setting up the radon detection kit in accordance with the provided instructions. I understand, I, the homeowner am responsible for any radon mitigation measures, if necessary.

The information provided, including Name, Address, Income is true to the best of my knowledge. I understand that if any of the information is not true I may not be eligible for a free radon test kit if needed for future testing of my home.

WAIVER OF LIABILITY-Radon Detectors

I understand and agree that this radon detector kit provided by Washington County Public Health and the New York State Department of Health as a public service in the interest of health and safety. I further understand that Washington County Public Health and the New York State Department of Health are not dealers in radon detector kits or agents for any manufacturer or distributor of this radon detector kit. Washington County Public Health and New York State Department of Health or agent thereof, make no expressed or implied warranties as to the fitness or merchantability of this radon detector kit, and assume no responsibility for the consequences of proper or improper use of same.

In consideration of the undersigned receiving a radon detector kit in part of Washington County radon awareness project, I agree to forever refrain from instituting, pressing, or in any way assisting or aiding any claim, demand, action or cause of action against Washington County Public Health and New York State Department of Health and the employees, agents and volunteers of any of them, for any injuries, damages, costs, loss of service growing out of, or which hereafter may grow out of the use of the radon detector kit or services provided. The undersigned hereby releases the agents and volunteers of any of them from losses and liabilities attributable to the negligent acts or omissions of Washington County Public Health and New York State Department of Health and their employees, agents and volunteers arising out of, occasioned by or in connection with the Washington County radon awareness project.

Signature of Applicant:

Date:

Washington County Public Health

In Person/Phone Interview and Education:

Date: _____

Public Health Staff Initials:

- _____ 1. Client states understanding of why it is important to test my home for radon.
- _____ 2. Client states understanding of how to set up the radon detection kit.
- _____ 3. Client states understanding that the radon detection kit needs to be returned to
- _____ 4. Client states he/she has looked over the radon test kit. Kit is in complete order.
- _____ 5. Client states he/she have received a copy of the citizen's guide to radon.
- Y/N 6. Client Requires Special Assistance with deploying detector due to disability and/or special need. (circle Y or N)

The radon detection kit was provided, with education on its proper use, by Washington County Public Health and New York State Department of Health on _____. The manufacturer's written instructions were provided on its use and maintenance has been received.

Public Health Staff Signature

Detector ID #