Initial radon assessment record – University of Cambridge basement areas only

Department/building/address/building number:			**Assessment Date:**
Departmental contact carrying out the initial assessment **Role:** **Print name and sign:**			
Room reference – basement/sub-ground room number: Use second form if needed			
Room use: consider current use (review occupancy below if room use changes)			
Expected average occupancy of room: More than 1 hour per week or 50 hours per year?			
Approximate location of monitor (describe):			
Date and time of first measurement:			
Date and time of last measurement:			
Average measurement (Bq/m3):			
Corrected results (Bq/m3)			
RPA advice **Further action needed? Yes No** **Advised actions:** **Name / date:**			
Departmental confirmation that actions noted above are (delete as applicable) **In progress / Completed** **Further details if applicable** **Name / Date:**			
Departmental Safety Officer must return completed copy to the Safety Office, retain a copy of this for Departmental records and review if room use or ventilation significantly changes			