



## Radiological Protection Institute of Ireland

An Institiúid Éireannach um Chosaint Raideolaíoch

### Application Form for Radon in Drinking Water Measurement

(Please Use Block Capitals)

Name:.....

Address:.....

.....

.....

Tel. Number:.....

Have you previously measured radon in air in your home?..... Y/N

If yes, please give the reference number quoted with your results.....

I enclose a cheque/postal order for €78.65. Please supply a sampling kit for the measurement of radon in drinking water. **Cheques should be made payable to the Radiological Protection Institute of Ireland**

Please allow **28** days for receipt of sampling kit

Signed:.....

Date:.....

**Please return payment and completed form to:**

**Radiation Measurement Services  
Radiological Protection Institute of Ireland  
3 Clonskeagh Square  
Clonskeagh Road  
Dublin 14**

**NOTE:** surface water supplies usually do not have elevated radon concentrations because radon is released from water on contact with the atmosphere.

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**FOR INTERNAL USE ONLY:**

Received on:	Reference No:	Received in lab:	Sampling kit sent: