INSTRUCTIONS TO ATTACH RADON MEASUREMENT DATA

1) Go to <u>https://dphregprograms.iowa.gov</u> and click Sign In.



- 2) a) If you are an individual reporting for yourself, click **Continue** from the profile page.
 - b) If you are reporting for a **Lab**, <u>select your company FIRST</u> on the left-hand side under "Registered User's Memberships" by clicking on it, and then click **Continue**.

ome > My Profile						
lome	Basic Profile De	tails		1		PIN: 34
Sign Off	Date of Birth:		Dorothy Knight 08/04/1986			
lelp	Email Address*:		narayana	b@launchitcorp.		
	Preferred Addres	s:		•		
egistered User's Memberships	Physical Addres	s Details				
	Address is:	T		ATTN:		
	Street Number*:	21781		City*:	Monticello	T
	Street Prefix:		¥	County:	Jones V	
	Street Name*:	Business Hw	y 151	State*:	lowa	T
	Street Type*:	Highway V		Country:		T
	Street Direction:		Y	Zip Code*:	52610	
	Unit Type:	POBOX .		Phone 1*:	3194653941	Work
	Unit Number:	634		Phone 2:	3194800045	Mobile

WELCOME TO YOUR PROFILE PAGE!

c) On your program page, click **Details** on your active license.

IDPH REGULATORY PROGRAMS Radiological Health Emergency Medical Services Environmental Health								
Home > My Pro	ograms							Dorothy Knight
Home								
Public Searc	ch							
My Profile								
New Compa	ny Registration							
Apply for a l	Program							
Sign Off	-							
Help								
Programs for D	orothy Knight							
License # RNMIT10078	Applicant Dorothy Knight	Program Radon Individual	Status Active	Issue Date 10/10/2018	Expiry Date 10/31/2019	City Monticello	Details Details	Online Services Renew Online Services Make Payment

d) In the program details for the license, click Radon Measurement Specialist Application Review.

IDPH REGULATORY PROGRAMS Radiological Health						
Radon						
Home > My Programs > Program	m Details					
Home	Radon Individual - Me	easurements Specia	alist			
Sign Off	License # RNMIT10078	Application Date 10/10/2018	e Issue Date 10/10/2018	Expiry Date Statu 10/31/2019 Activ	s Description e Initial Folder	
Help						
People Details						
Role	•		Do	Name rothy Knight		
Application Form				ioui, i tuigin	Expand All	
• Radon Testing Methods						
• Radon Training and Testir	ng					
• Radon Work and Education	n					
• Radon Affirmation Staten	nents					
Radon Biennium Date						
• Radon Renewal Question	5					
Affirmation						
Application Form Details					Collapse All	
Education						
Experience						
License Processes		14-4	Downsted Date	Evelor Data	Expand All	
Description	5	latus	Requested Date	Expiry Date	Action	
Application Keview	_					
Radon Measurement Spec Application Review	cialist Co	mplete	10/10/2018			

e) Click Expand All to open up the tabs.

IDPH REC Radiological	GULATORY PROGRAM Health Emergency Medical S Grogram Details > Process Details	S Finite Section Secti	lealth
Home	Radon Individual - Measurements Specialist		
Ci 0#	Role	Name	
Sign Off	Applicant	Knight Dorothy	
Help			
Process Free Form Desc	ription - Radon Measurement Specialist Application Revie	ew	Expand All
Radon Data			
RDNI Contact List			
			Back

- f) Under the **Radon Data** tab, click **Add**.
- g) Make selections from the information fields about the data you will be uploading.
- h) Click Save.

IDPH REGULATORY PROGRAMS Radiological Health Emergency Medical Services Environmental Health							
Home	Radon Individual	- Measurements Specialis	it .				
Sign Off		Role Name Applicant Knight Dorothy					
Help							
Process Description - R	adon Measurement Speci	alist Application Review			Expand All		
Process Free Form Des	cription - Radon Measure	ment Specialist Application	on Review		Collapse All		
- Radon Data			_				
Year V	Month V	Test performed	IDPH Status	Comments			
Please click Save after entering each row. Add Save							
RDNI Contact List	RDNI Contact List						
Removed thru Web	Contact type	Salutation	Contact First Name	Contact Last Name	Contact Phone Number		

- i) Once you have saved the information about your data upload, click **Back**.
 - a. If you reported no testing, you may skip the attachment steps.

IDPH REC Radiological Home > My Programs > P	GULATORY PROGRAMS Health Emergency Medical Ser	vices = Environmental Health				
Home	Radon Individual - Measurements Specialist	Radon Individual - Measurements Specialist				
Sign Off	Role	Name				
Sign On	Applicant	Knight Dorothy				
Help Process Free Form Desc	ription - Radon Measurement Specialist Application Review	Expand All				
Radon Data						
RDNI Contact List						
		Back				

j) Scroll to the bottom of the page and click Add Attachment.

Radon	/				
Home > My Programs > Pr	ogram Details				
Home	Radon Individual	- Measurements Spec	cialist		
Sign Off	License #	Application Da	ate Issue Date	Expiry Date Sta	tus Description
Sign On	RNWIT10076	10/10/2018	10/10/2018	10/31/2016 AC	tive Initial Folder
Help					
People Details					
People Details Role		Name(LastName	FirstName MiddleName	Name Suffix)	
Applicant		Hamoleustham	Knight Dorothy	HumeSumxy	
Radon Training and 1	Festing				
Radon Work and Edu	cation				
• Radon Affirmation St	tatements				
Continuing Education	n				
Radon Renewal Ques	stions				
Affirmation					
Application Form Details					Collapse All
Education					
Experience					
License Processes					Expand All
Description	n	Status	Requested Date	Expiry Date	Action
Application Review					
Radon Measurement	Specialist	Complete	10/10/2018		
Application Re	view				
Fees					
Fee List			Payment		
No fee to be displayed.			No payment to be displa	ayed.	Total Duo: 50.00
Attachments					Total Due: \$0.00
Attachment Description					
				Add New Attachment	Upload Attachments
Online Services			•		Back

- k) Select the **Type** of attachment as "Monthly Radon Test Data."
- I) In the **Description** box, enter the YEAR followed by the MONTH for the data you are uploading.
- m) Click **Choose File** to select a document. (Repeat the above process to attach additional documents.)
- n) When you have added all of your attachments, click **Upload Attachments**."

Fees License			
Fee Monthly Radon Test Data	1	Payment	
Photo			
No fee Proof of Age	N	o payment to be displayed.	
Proof of Certification			Total Due: \$0.00
Attac Public Discipline Document			
Attacl Receipt			
Type: Description: 2	2019, August	Choose File No file chosen	
		Add New Attachment	Upload Attachments
Online Services			Back

o) When you have finished uploading all attachments, click **Back** to be taken to you program page, or click **Sign Out**.