RADIATION SURVEY FORM

Authorized User: _____ Building/Room #: _____

Radionuclides Used:_____

Survey Instrument Response

Make, Model, Serial No.	Background (cpm)	Check or Calibration Date

Contamination Survey Results

- Enter "work area" (be specific) and the name of the object or person surveyed.
- Mark "Yes" if contamination found to be greater than two times background. If so, be sure to document that the decontamination results are less than two dimes background or call the RSO for assistance.
- Check see attached to attach printouts or additional information.

Survey Date	Location, Work Area, Object or Name of Person Surveyed	Contamination Found? Yes or No	Surveyed By: