

| | |
|--|--|
| Building: _____ Room: _____ Program: _____ Date: _____ Radionuclides present _____ | Comments: _____ _____ _____ _____ Performed by: _____ Signature: _____ Reviewed by: _____ Signature: _____ |
|--|--|

| Swipe | Location | LAW | Location | Results (cpm) |
|-------|----------|-----|----------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Maximum Contact Dose Rate/unit γ _____ n _____

Maximum 1 M Dose Rate/unit γ _____ n _____

Instruments were Source Checked prior to survey

Shipment number: _____

UN: _____

Label Category: _____

| | | | |
|---|---|---|--|
| Instrument Make _____ Model _____ Serial _____ Cal due _____ BKG _____ Unit _____ | Instrument Make _____ Model _____ Serial _____ Cal due _____ BKG _____ Unit _____ | Instrument Make _____ Model _____ Serial _____ Cal due _____ BKG _____ Unit _____ | Action Levels: α : 720 dpm/300cm ² β/γ : 7200 dpm/300cm ² |
|---|---|---|--|

For Reviewer:

Are survey results > Action Level Y/N

Are Results > MDA Y/N

RPR 14 has been completed and reviewed Y/N

RPR-55 Checklist has been completed Y/N

* On contact Dose Rate (γ/n)

1

Large Area Wipe

1m to indicate a Dose Rate at 1 m (γ/n)

Swipe