

Building: _____ Room: _____ Program: _____ Date: _____ Radionuclides present _____	Comments: _____ _____ _____ _____ Performed by: _____ Signature: _____ Reviewed by: _____ Signature: _____
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Swipe	Location	LAW	Location	Results (cpm)

Maximum Contact Dose Rate/unit  $\gamma$  \_\_\_\_\_ n \_\_\_\_\_

Maximum 1 M Dose Rate/unit  $\gamma$  \_\_\_\_\_ n \_\_\_\_\_

Instruments were Source Checked  prior to survey

Container Name: \_\_\_\_\_

Container Type: \_\_\_\_\_

Container Weight: \_\_\_\_\_ Fullness Fraction: \_\_\_\_\_

Waste Addition Log Attached to Container Y / N / N/A

Instrument Make _____ Model _____ Serial _____ Cal due _____ BKG _____ Unit _____	Instrument Make _____ Model _____ Serial _____ Cal due _____ BKG _____ Unit _____	Instrument Make _____ Model _____ Serial _____ Cal due _____ BKG _____ Unit _____	<p><b>Action Levels:</b></p> <p><math>\alpha</math>: 720 dpm/300cm<sup>2</sup></p> <p><math>\beta/\gamma</math>: 7200 dpm/300cm<sup>2</sup></p>
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**For Reviewer:**

Are survey results > Action Level Y/N

Are Results > MDA Y/N

\* On contact Dose Rate ( $\mu\text{R}/\text{h}$ )

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Large Area Wipe

1m to indicate a Dose Rate at 1 m ( $\mu\text{R}/\text{h}$ )

Swipe