

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 γ _____ n _____

Maximum 1 M Dose Rate/unit γ _____ 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>Action Levels:</p> <p>α: 720 dpm/300cm²</p> <p>β/γ: 7200 dpm/300cm²</p>
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For Reviewer:

Are survey results > Action Level Y/N Are Results > MDA Y/N

* On contact Dose Rate (γ/n)

1 Large Area Wipe

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

Swipe