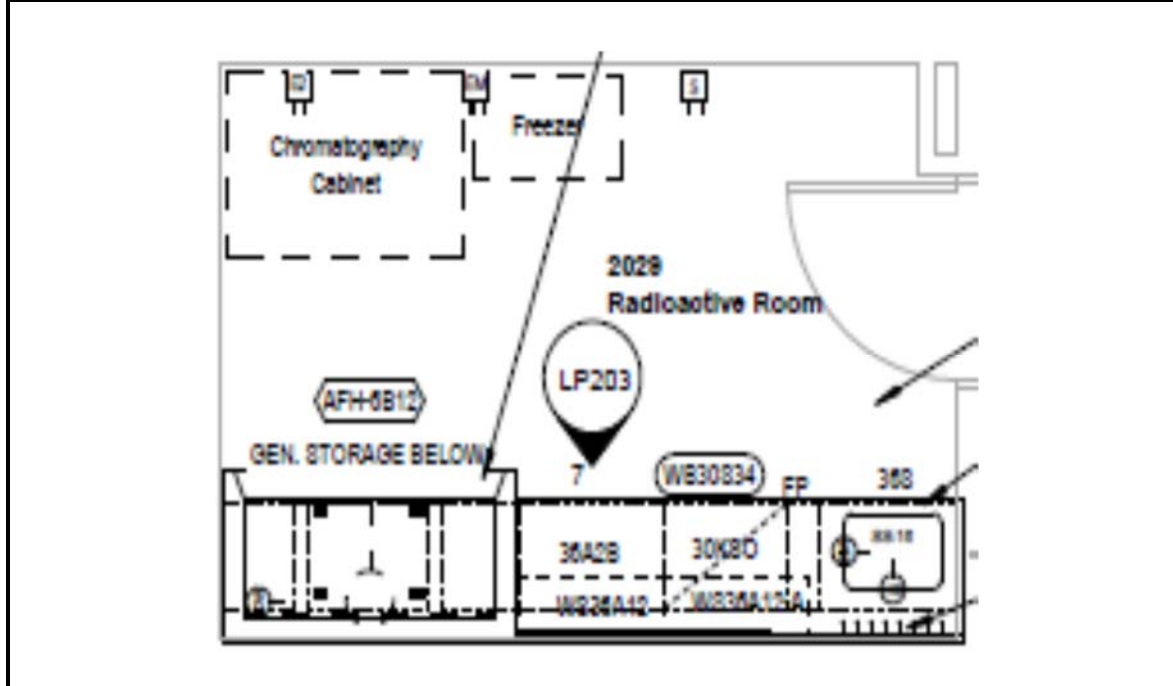




### RADIOLOGICAL SURVEY FORM

<b>Building:</b>	<b>Room Number(s):</b>	<b>Authorized User:</b>	<b>Permit Number:</b>
------------------	------------------------	-------------------------	-----------------------

**Purpose:** Routine area survey



A circled number denotes a survey location      All radiation dose rates are in mR/hr      ND denotes no detectable

<b>Instruments</b>	<b>Survey Meter</b>	<b>BKG</b>	<b>Survey By :</b> (print)
<b>Make/Model</b>			<b>Signature:</b>
<b>Serial Number</b>			<b>Date/Time:</b>

Survey Number	Survey Location	Results mR/hr
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

unrestricted area action level = < 0.05 mR/hr  
restricted area action level = < 2 mR/hr

**Comments:**

**THIS BOX FOR USE BY RADIATION SAFETY ONLY**

**Comments:** \_\_\_\_\_ **Page** \_\_\_\_ **of** \_\_\_\_ **Reviewed By (Initials):** \_\_\_\_\_ **Date:** \_\_\_\_\_