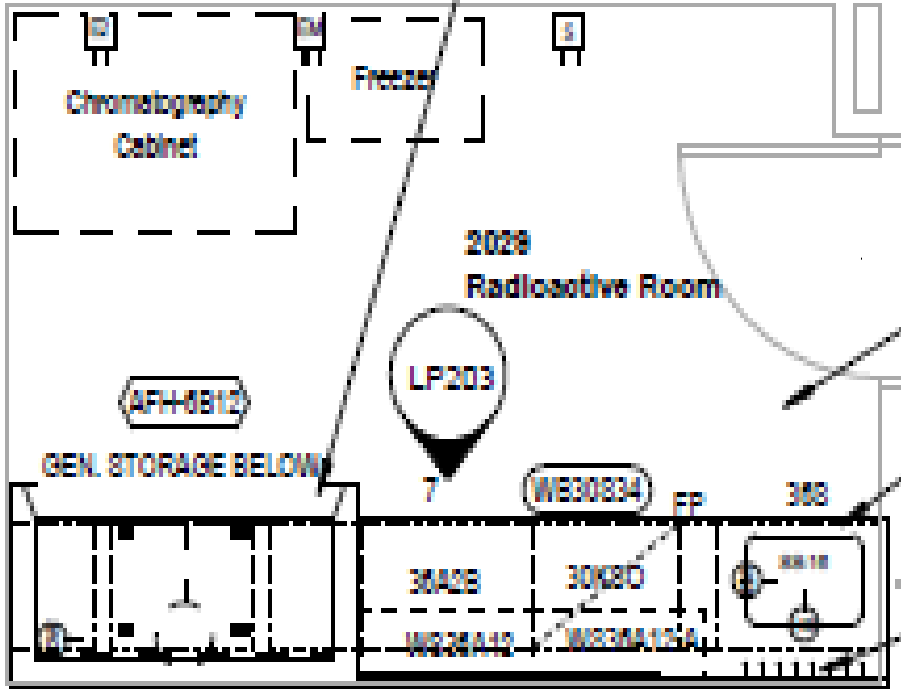


RADIOLOGICAL SURVEY FORM

Building:	Room Number(s):	Authorized User:	Permit Number:
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Purpose: Routine wipe test



Wipe Number	Wipe Location	gross cpm	dpm
			100 cm ²
NA	instrument background		NA
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

A circled number denotes a wipe test location All radiation dose rates are in mr/hr ND denotes no detectable

Instruments	Survey Meter	Wipe Counter	Survey By : (print)
Make/Model			Signature:
Serial Number			Date/Time:

unrestricted area action level = 200 dpm/100 cm²
restricted area action level = 1000 dpm/100cm²

Radiation Dose Rates ("x" the appropriate box)	The area described above has been checked for whole body radiation dose rates and the readings are <0.05 mr/hr unless otherwise noted	A radiation dose rate survey is not required per Chapter 6 of the Radiation Safety Manual
Sewer Disposal: ("x" the appropriate box)	Not approved for sewer disposal	Approved for sewer disposal and the <i>Sewer Disposal Log</i> for the current month is attached

Comments:

THIS BOX FOR USE BY RADIATION SAFETY ONLY