

Radiation Survey Record

PLEASE PRINT LEGIBLY.

RS Form 4

Name (s) of Authorized User	Telephone		
Facility Manager	Building	Room	
Surveyed by:	Date Surveyed:		
Method of Survey (circle one): Geiger Meter & Probe model:	/ Scintillation Counter		
Radioisotope(s) to be detected:			
Draw a diagram of the area surveyed and	label:		

Radiation Levels: Background _____

1					If we are serviced as
Location	Source of Radiation				lf yes, provide
Code on	(i.e. bench paper,	Exposure		Need to	Exposure Rate or CPM
Diagram	knob, pig)	Rate (mR/hr)	CPM	resurvey?	after decontamination.
				Yes	
				No	
				Yes	
				□No	
				Yes	
				No	
				Yes	
				No	
				Yes	
				No	
				Yes	
				No	
				Yes	
				No	
				Yes	
				No	
				Yes	
				No	
				Yes	
				No	