UNIVERSITY OF LOUISIANA Lafayette

Radiation Safety Committee

Radiation Survey
Record

RS Form 4

PLEASE PRINT LEGIBLY.

Name (s) of Authorized User _____Telephone _____

Facility Manager _____Building _____Room _____

Surveyed by: _____ Date Surveyed: _____

Method of Survey (circle one):

Geiger Meter & Probe model: _____ S/N _____

Scintillation Counter model: _____ S/N _____

Radioisotope(s) to be detected: _____

Draw a diagram of the area surveyed and label:

Radiation Levels: Background _____

Either Exposure Rate from a Geiger meter or CPM from scintillation must be recorded.

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