

Radioactive Contamination Survey Record

Permit Holder: _____ Building/Room(s): _____

Permit Number: _____ Radionuclides Used: _____

Survey Instrument Response

Make, Model, Serial Num	Background (cpm)	Calibration Date or Response Check Date
1.		
2.		
3.		

Contamination Survey Results

Survey Date	Instr. Used	Location Surveyed ^[A]	Contaminated? (Check one)			Surveyed By
			Yes ^[B]	No	See Attached ^[C]	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

[A] – Enter the name of the work area, name of the surveyed person, name of the surveyed object, or location designation (number) per attached map.

[B] – Check ‘Yes’ if survey instrument reads twice the background count (e.g. Bkgd = 100 cpm, Fume Hood = 200+ cpm). If results are twice background, proceed to decontamination procedure(s). Record survey results following each decontamination. Call EHS-RSS for assistance if needed.

[C] – Check ‘See Attached’ if survey results are contained in a print out. Attach print out to this form.

