HPF-SUR-001 Rev: 3 12/15/08	RADIATION CONTROL DEPARTMENT RADIOLOGICAL SURVEY FORM	Page ___ of ___
AREA (map reference if applicable) HALL C	Accelerator Operating Conditions	Instrument:_____ Serial #:_____ Cal.Due:_____
Reason for survey:		

LEGEND

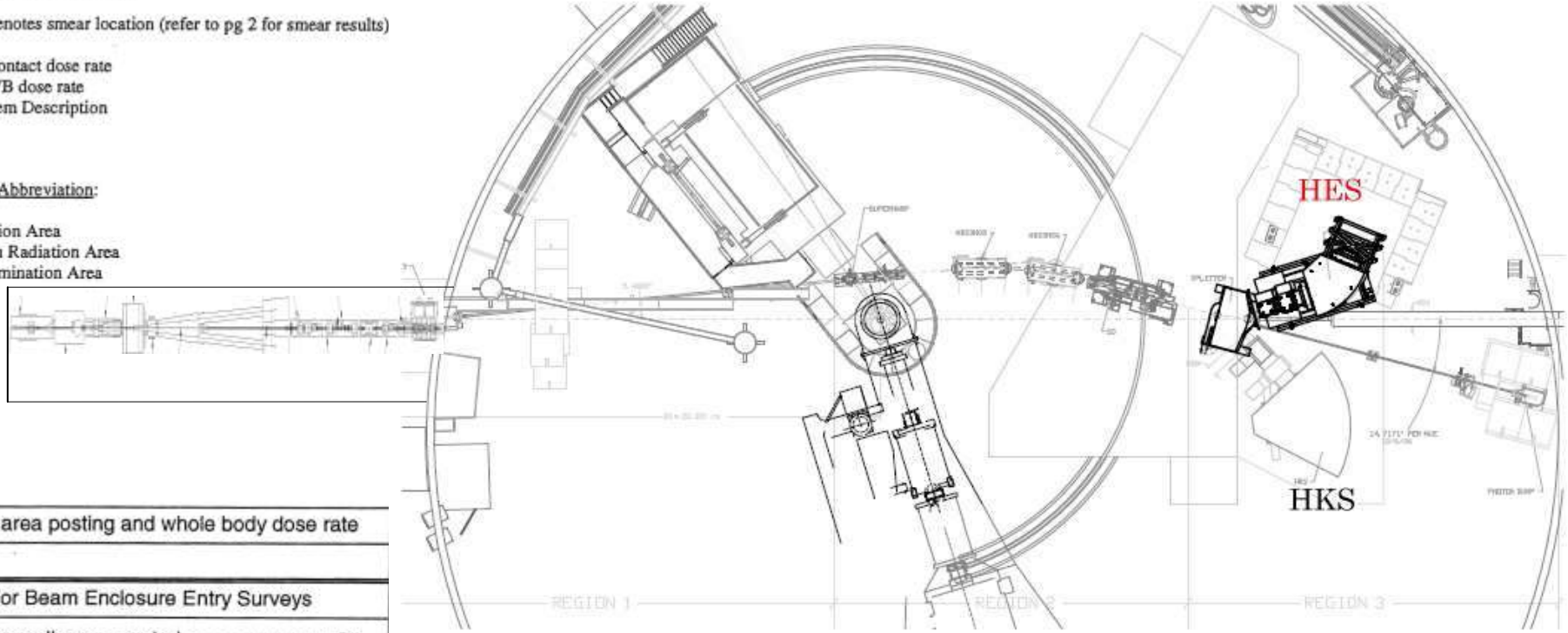
All Readings in mr/hr whole body (unless annotated otherwise)
-------- Denotes posted area

(#) Denotes smear location (refer to pg 2 for smear results)

Contact dose rate
WB dose rate
Item Description
□

Approved Abbreviation:

RA-Radiation Area
HRA- High Radiation Area
CA- Contamination Area



Highest area posting and whole body dose rate
For Beam Enclosure Entry Surveys
Full survey, all areas posted ---------- □
Partial survey with continuous surveillance -- □
Partial survey with exclusion zones posted -- □
Comments:

Performed by:	Date/Time:	Crew Chief Review:	RCD Review: