

HPF-SUR-001
Rev: 3
12/15/08

RADIATION CONTROL DEPARTMENT
RADIOLOGICAL SURVEY FORM

Page ___ of ___

AREA (map reference if applicable)

HALL A

Accelerator Operating Conditions

Instrument: _____

Serial #: _____

Cal.Due: _____

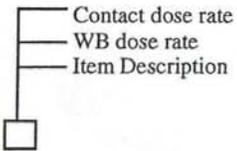
Reason for survey:

LEGEND

All Readings in mR/hr whole body (unless annotated otherwise)

----- Denotes posted area

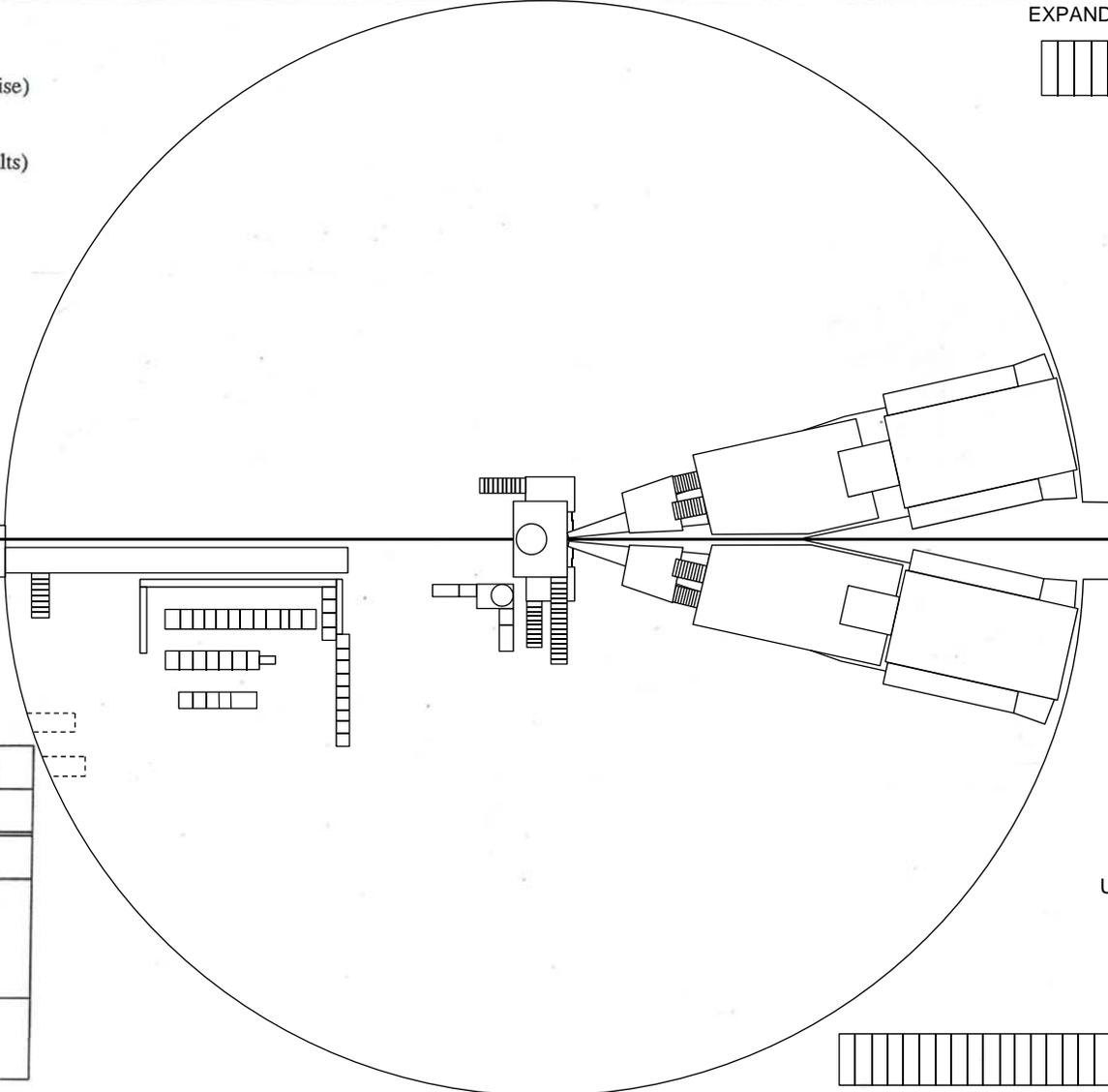
Ⓝ Denotes smear location (refer to pg 2 for smear results)



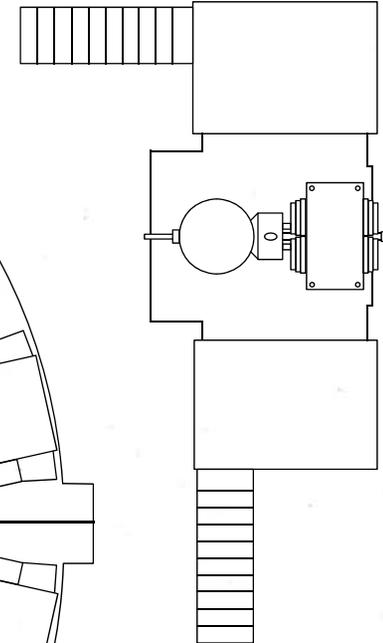
Approved Abbreviation:

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

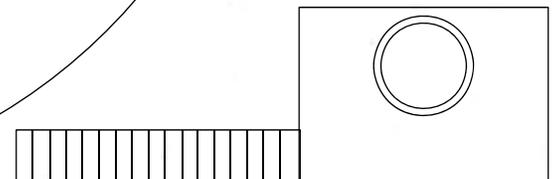
Highest area posting and whole body dose rate
For Beam Enclosure Entry Surveys
Full survey, all areas posted ----- <input type="checkbox"/>
Partial survey with continuous surveillance -- <input type="checkbox"/>
Partial survey with exclusion zones posted -- <input type="checkbox"/>
Comments:



EXPANDED VIEW TARGET PLATFORM



EXPANDED VIEW UPPER TARGET PLATFORM



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