

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)

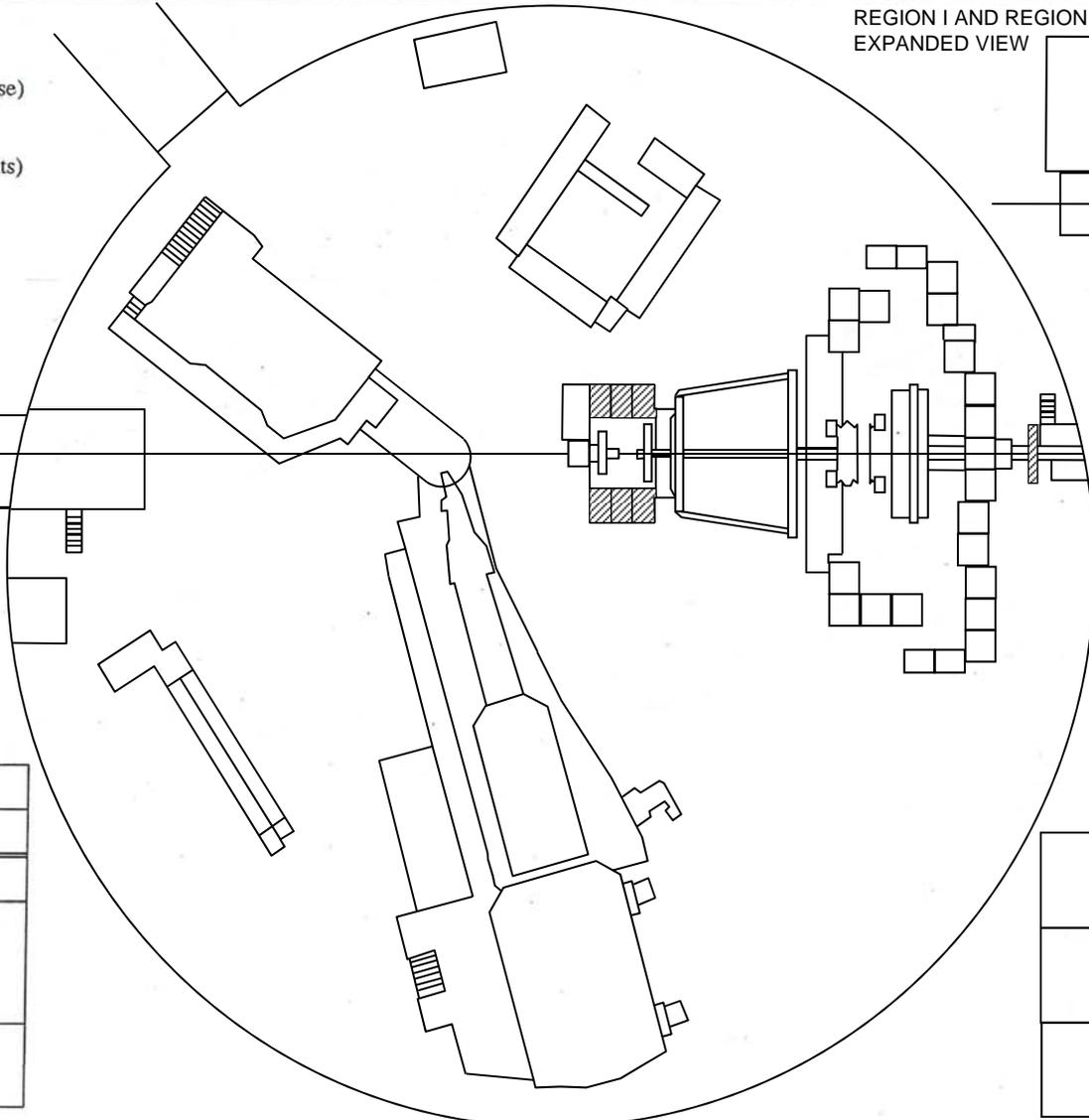
— Contact dose rate
 — WB dose rate
 — Item Description



Approved Abbreviation:

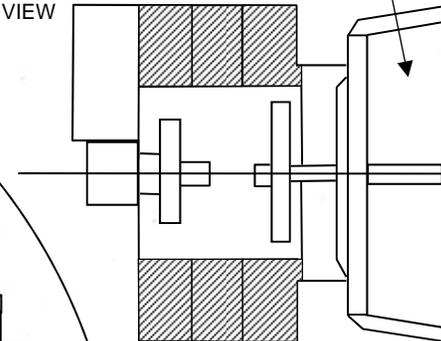
RA- Radiation Area
 HRA- High Radiation Area
 CA- Contamination Area

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

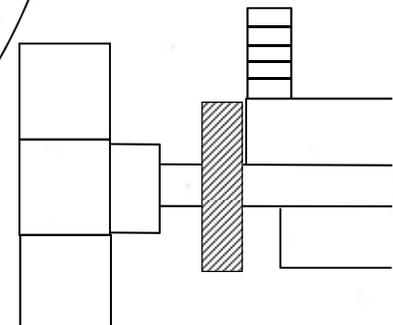


REGION I AND REGION II
 EXPANDED VIEW

QTOR MAGNET



BEAM DUMP EXPANDED VIEW



Performed by:

Date/Time:

Crew Chief Review:

RCD Review: