

AREA (map reference if applicable)
 HALL C

Accelerator Operating Conditions

Instrument: _____

Serial #: _____

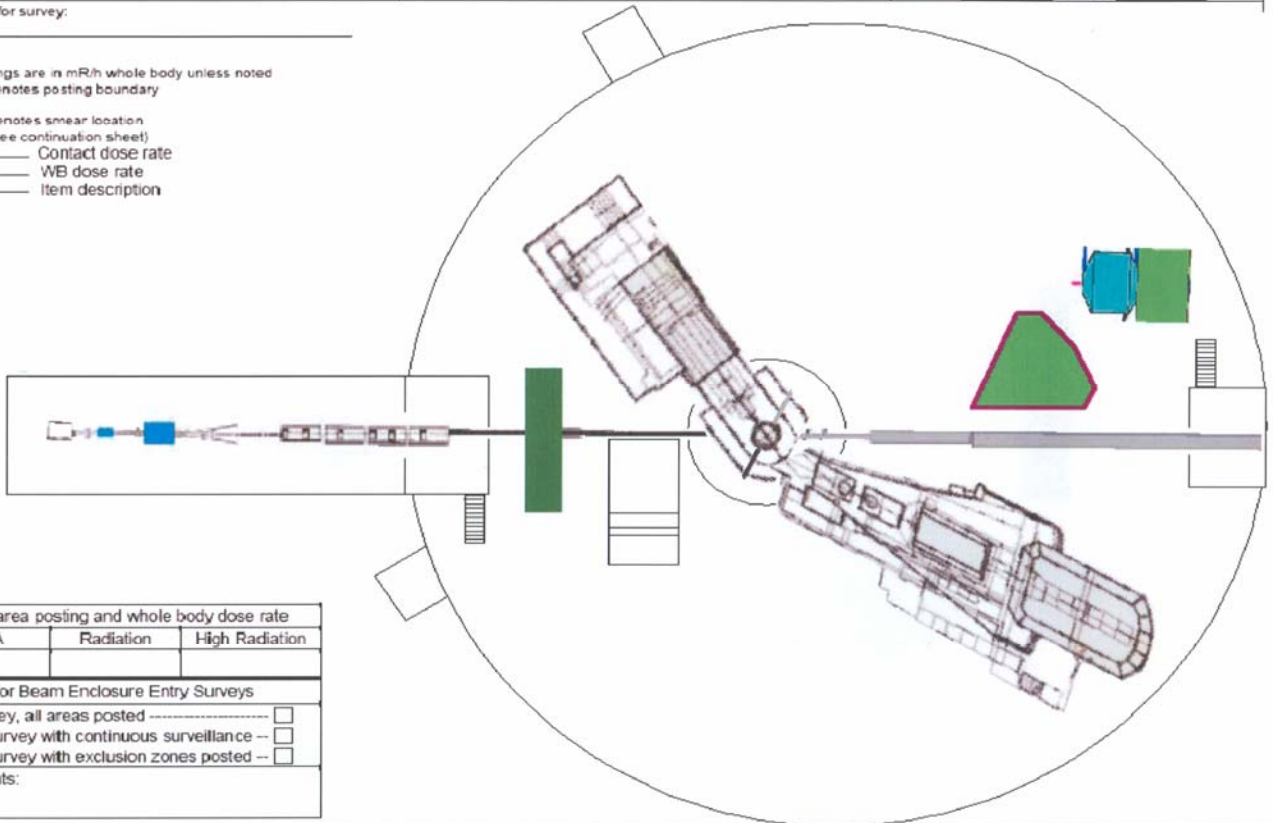
Cal.Due: _____

Reason for survey: _____

Legend

All readings are in mR/h whole body unless noted
 ----- denotes posting boundary

- ⊛ denotes smear location (see continuation sheet)
- Contact dose rate
- WB dose rate
- Item description



Highest area posting and whole body dose rate		
RCA	Radiation	High Radiation
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:		

Performed by: _____

Date/Time: _____

Crew Chief Review: _____

RCG Review: _____