HPF-SUR-001 Rev: 3 12/15/08	RADIATION CONTROL DEPARTMENT RADIOLOGICAL SURVEY FORM	Page ___ of ___

AREA (map reference if applicable)	Accelerator Operating Conditions	Instrument:_____ Serial #:_____ Cal.Due:_____
NORTH LINAC		

Reason for survey:

LEGEND

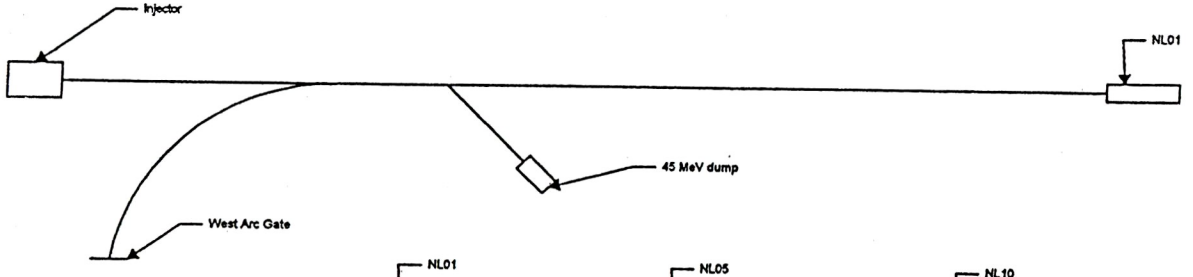
All Readings in mr/hr whole body (unless annotated otherwise)
-------- Denotes posted area

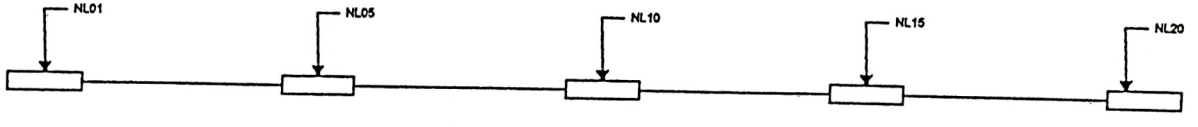
(#) Denotes smear location (refer to pg 2 for smear results)

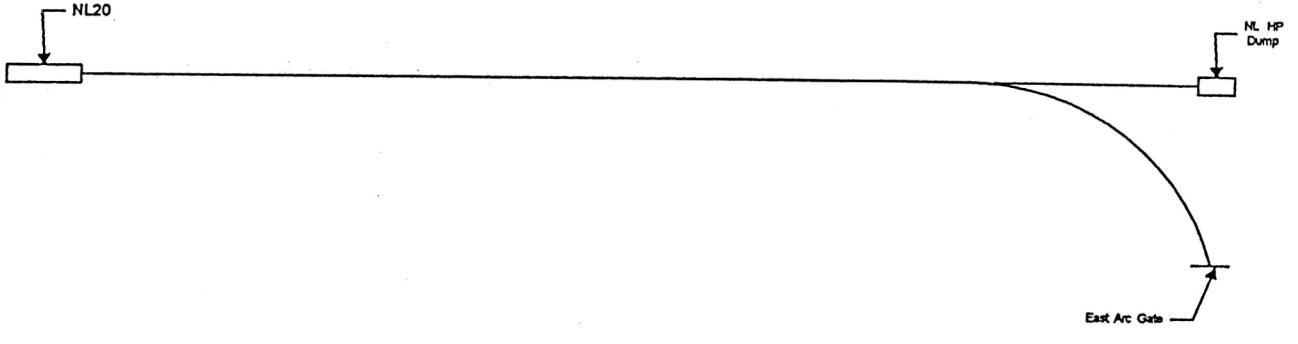
Contact dose rate
WB dose rate
Item Description

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: