

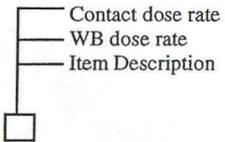
HPF-SUR-001 Rev: 3 12/15/08	RADIATION CONTROL DEPARTMENT RADIOLOGICAL SURVEY FORM	Page ___ of ___
AREA (map reference if applicable)	Accelerator Operating Conditions	Instrument: _____ Serial #: _____ Cal.Due: _____
Reason for survey:		

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:

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