

HPF-OPS-011.a	Rev: 0	05/06/2016	RADIATION CONTROL DEPARTMENT RADIOLOGICAL SURVEY FORM	Page ____ of ____	
Location	Accelerator Operating Conditions	Instrument: _____ Serial #: _____ Calibration Due: _____		Survey Number	RWP
Reason for Survey:					

LEGEND

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

--- Denotes posted area



Denotes smear location
(refer to page 2 for results)



Contact dose rate
Whole Body dose rate
Item description

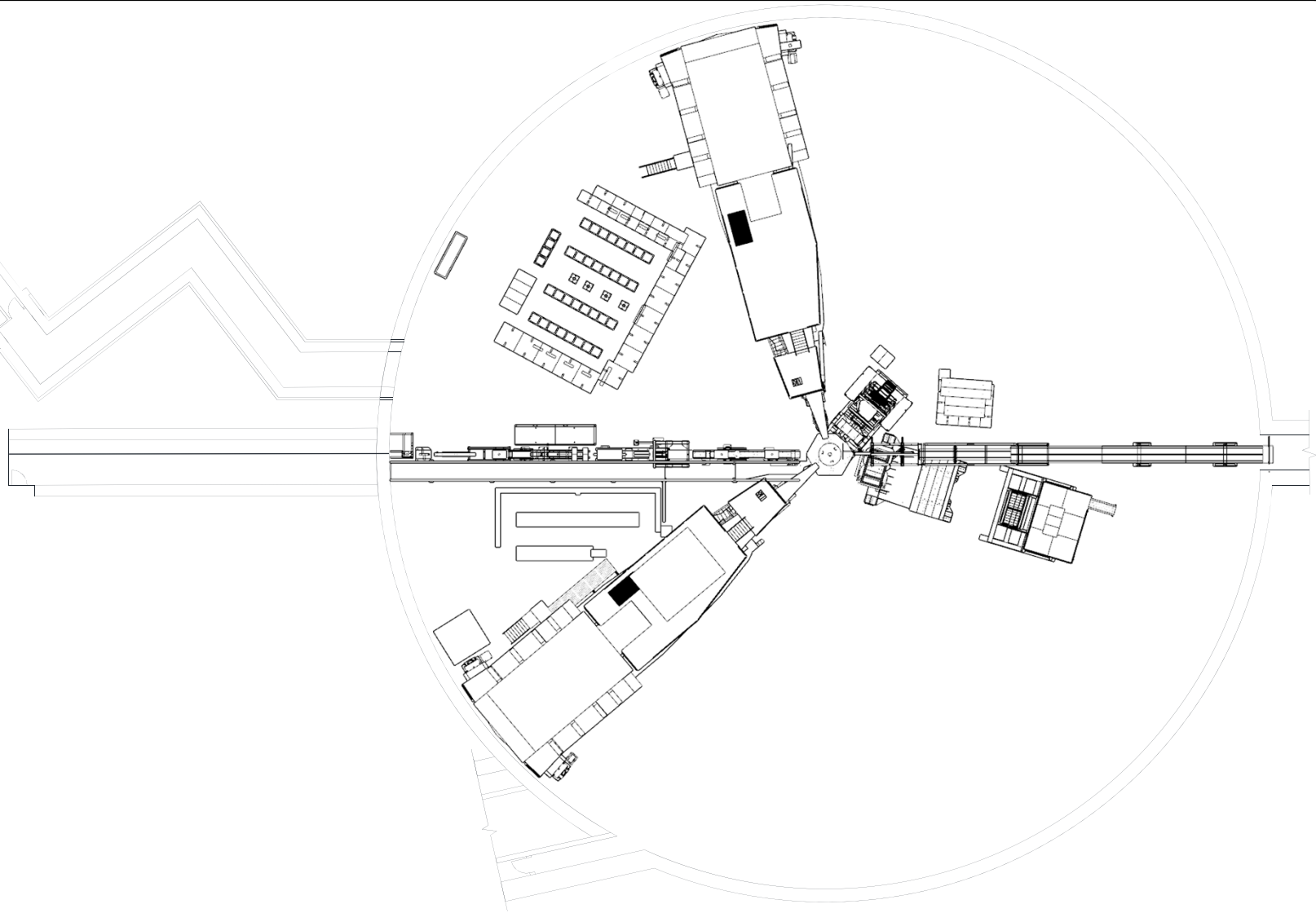


Denotes area not surveyed

Approved Abbreviations

RA – Radiation Area
HRA – High Radiation Area
CA – Contamination Area

For Beam Enclosure Entry Surveys
<input type="checkbox"/> Full survey, all areas posted
<input type="checkbox"/> Partial survey with continuous surveillance
<input type="checkbox"/> Partial survey with exclusion zone(s) posted
Comments:



Performed By (Print):	Date:	Crew Chief Review (Print):	Date:	RCD Review (Print):	Date
Sign	Time:	Sign	Time:	Sign	