

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

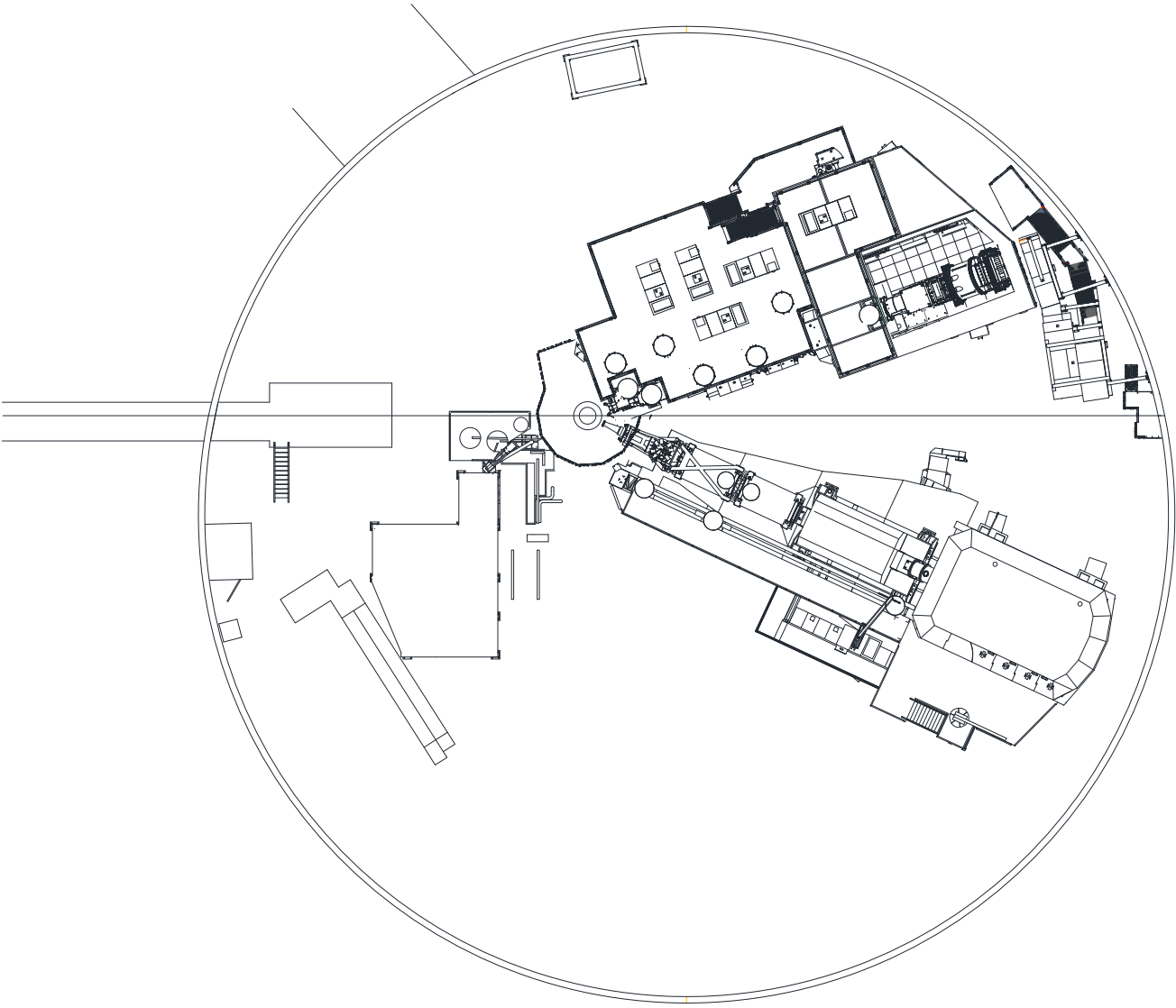
For Beam Enclosure Entry Surveys

☐ Full survey, all areas posted

☐ Partial survey with continuous surveillance

☐ 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	