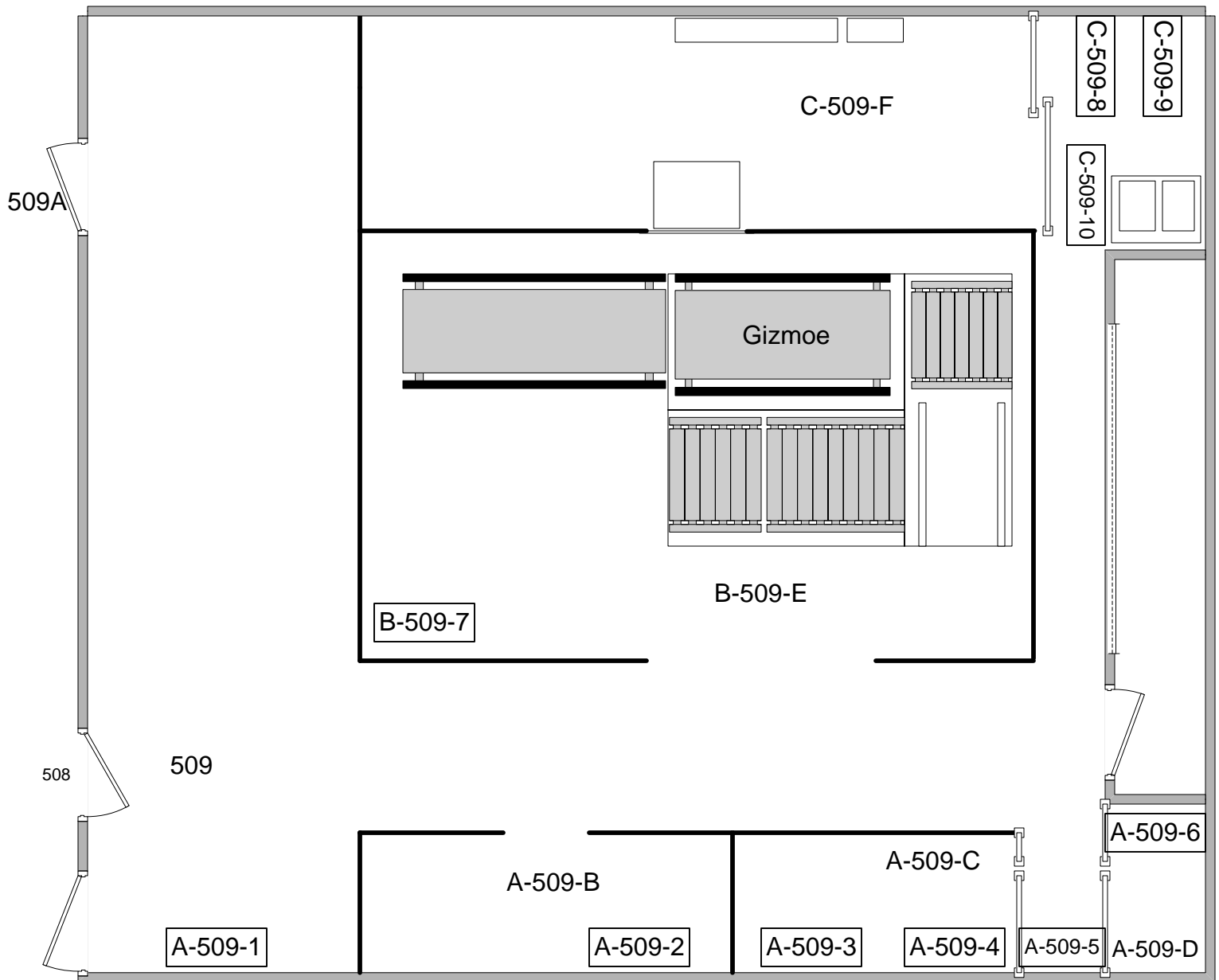


Radiation Protection Source-Term Survey Map – Room 509

Performed By: _____ Survey Date/Time: _____

Reviewed By: _____ Date: _____

Location Surveyed: _____



* = Contact Dose Rate mrem/hr

XXX = 12" reading mrem/hr

GA = general area waist high reading mrem/hr

Radiation Survey Meter	
Model:	
Serial No.:	
Cal Due:	
Background:	mR/hr

Training Only –
DOES NOT
REPRESENT AN
ACTUAL
HAZARD

Survey Point	Contact	12 in (30 cm)	General Area
A-509-1			
A509-2			
A-509-3			
A-509-4			
A-509-5			
A-509-6			
B-509-7			
C-509-8			
C-509-9			
C-509-10			