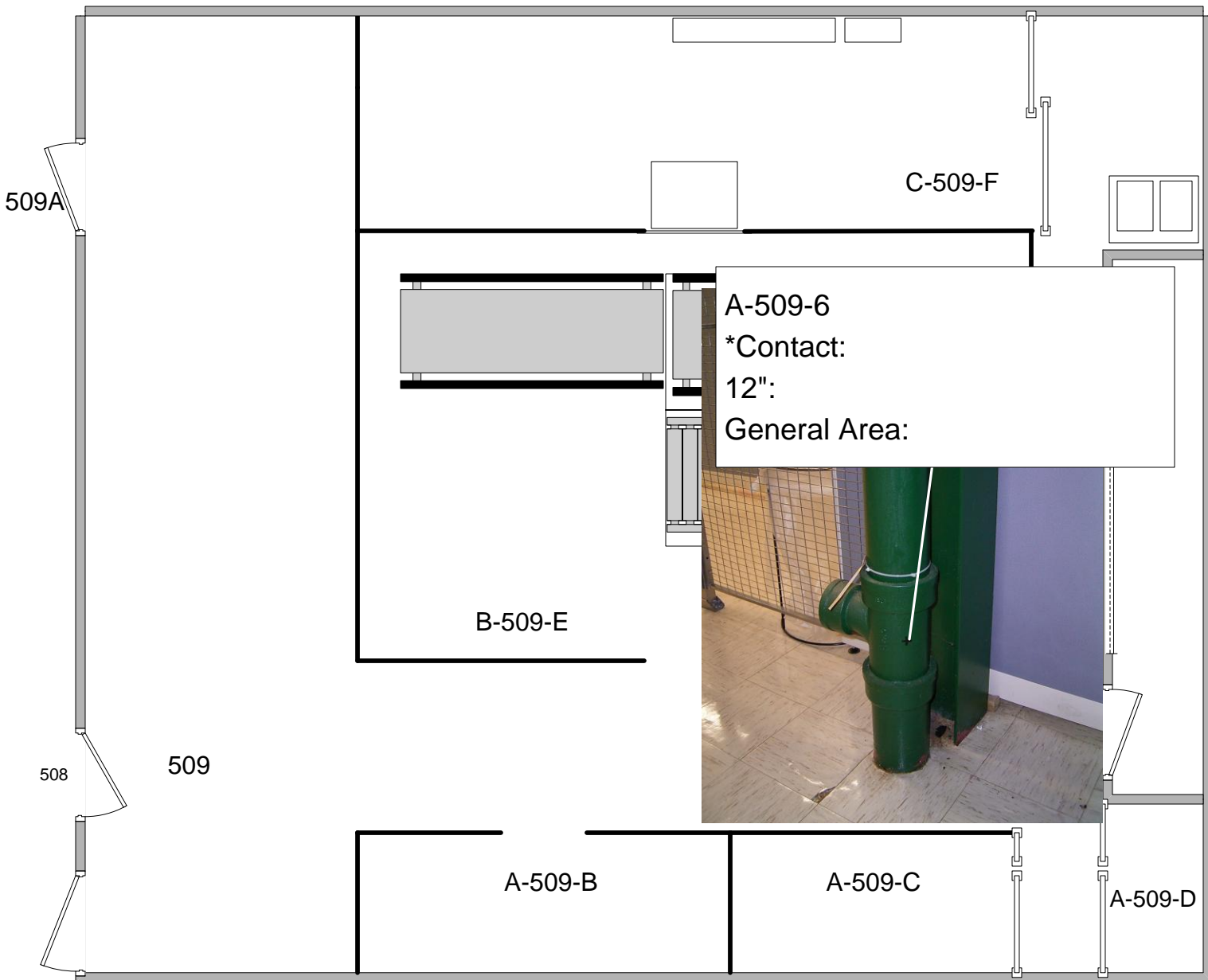


Radiation Protection Survey Map – Room A-509-D Survey Point A-509-6

Performed By: _____ Survey Date/Time: _____

Reviewed By: _____ Date: _____

Location Surveyed: _____



○ = Swipe Location * = Contact Dose Rate mrem/hr △ = Air Sample Location LAS = Large Area Swipe
 All dose rates in mrem/hr unless otherwise noted

Air Sample	
Model:	
Serial No.:	
Start LPM:	
Stop LPM:	

Contamination Survey Meter	
Model:	
Serial No.:	
Cal Due:	
Background:	cpm

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

Removable Contamination			
Swipe #	Net cpm	dpm/100 cm ²	Remarks