|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Building:** |  | **Room Number(s):** |  | **Authorized User:** |  | **Permit****Number:** |  |
| **Purpose:** | Routine survey for the month of  |  |
|  |  |
|  A circled number denotes a wipe test location | All radiation dose rates are in mR/hr | ND denotes no detectable |  |
| **Instruments** | **Survey Meter** | **Wipe Counter** | **Survey By :**(print) |  |  |
| **Make/Model** |  |  | **Signature:** |  |  |
| **Serial Number** |  |  | **Date/Time:**  |  | unrestricted area action level = 200 dpm/100 cm2restricted area action level = 1000 dpm/100cm2 |
| **Radiation Dose Rates**("x" the appropriate box) | The area described above has been checked for whole body radiation dose rates and the readings are <0.05 mR/hr unless otherwise noted |  | A radiation dose rate survey is not required per Chapter 6 of the Radiation Safety Manual |  |
| **Sewer Disposal:**("x" the appropriate box) | Not approved for sewer disposal |  | Approved for sewer disposal and no sewer disposal was performed this month |  | Approved for sewer disposal and the *Sewer Disposal Log* for the current month is attached |  |
| **Comments:** |  |