

Radiological Contamination Survey			
Surveyor's Name:		Equipment/Material:	
Date:		Meter Used:	
Time:		Probe Used:	
Location:		License #:	
Drawing		Background Readings	
	ID:	Result (1cm):	Result (1m)
	BG01		
	BG02		
	BG03		
	Survey Readings:		
	01		
	02		
	03		
	04		
	05		
	06		
	07		
	08		
	09		
10			
Notes:			

User Notes:

1. Use GM probe for all isotopes except C14 and H3
2. Results in CPM unless otherwise specified
3. For C14 and H3 sources, wipe test and use liquid scintillation