

Contaminated Equipment Radiological Controls Form

Permit Number:			
Authorized User:		Location:	
Start Date:		Expiration Date:	
Equipment Description:			

PPE Requirements:			
Equipment Release Survey Requirements:			
Additional Requirements:			

Survey Requirements

	Type	Elevated Radiation Field	Low Radiation Field
Personnel:	Hands & Feet Frisk		
	Whole-body frisk		
	Work Area:		

Notification Requirements

Area Contamination Levels:	
Personnel Contamination Levels:	

Approvals

Radiation Safety Officer: _____ **Date:** _____

Authorized User: _____ **Date:** _____