### RPR-11d Transportation Survey Form

- **Building:** ________________  
- **Room:** ________________  
- **Program:** ________________  
- **Date:** ________________  
- **Radionuclides present:** ________________

**Comments:**

- ____________________________________________________________________
- ____________________________________________________________________
- ____________________________________________________________________
- ____________________________________________________________________
- ____________________________________________________________________

**Performed by:** ______________________  
**Signature:** ______________________

**Reviewed by:** ______________________  
**Signature:** ______________________

<table>
<thead>
<tr>
<th>Swipe</th>
<th>Location</th>
<th>LAW Location</th>
<th>Results (cpm)</th>
</tr>
</thead>
<tbody>
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- **Maximum Contact Dose Rate/unit γ** __________ n __________
- **Maximum 1 M Dose Rate/unit γ** __________ n __________

- Instruments were Source Checked □ prior to survey
- **Shipment number:** ________________
- **UN:** ________________
- **Label Category:** ________________

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<thead>
<tr>
<th>Instrument</th>
<th>Make</th>
<th>Model</th>
<th>Serial</th>
<th>Cal due</th>
<th>BKG</th>
<th>Unit</th>
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- **Action Levels:**
- **α:** 720 dpm/300cm²
- **β/γ:** 7200 dpm/300cm²

**For Reviewer:**

- Are survey results > Action Level Y/N
- Are Results > MDA Y/N
- RPR 14 has been completed and reviewed Y/N
- RPR-55 Checklist has been completed? Y/N
* On contact Dose Rate (y/n)  

\[ \widehat{1} \text{ m} \] to indicate a Dose Rate at 1 m (y/n)  

☐ Swipe