Building: __________________
Room: ____________________
Program: __________________
Date: _____________________

Radionuclides present __________________

Comments:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Performed by: ______________________ Signature: ___________________
Reviewed by: _______________________ Signature: ___________________

<table>
<thead>
<tr>
<th>Swipe</th>
<th>Location</th>
<th>LAW</th>
<th>Location</th>
<th>Results (cpm)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: _______________

Instrument
Make __________
Model __________
Serial __________
Cal due __________
BKG __________
Unit _______

Instrument
Make __________
Model __________
Serial __________
Cal due __________
BKG __________
Unit _______

Instrument
Make __________
Model __________
Serial __________
Cal due __________
BKG __________
Unit _______

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)

1  Large Area Wipe

1m to indicate a Dose Rate at 1 m (y/n)

Swipe