

Authorized Investigator's Laboratory Survey Record Survey Results

RSO Form 412B (02.08)

Authorized Investigator Name: _____

Building: _____ Room: _____ Page: _____

SURVEYS must be performed AFTER EACH USE and AT THE END OF THE MONTH.

	Date	Instrum Code	bkg cpm	Location per Diag	Results	Surveyed By	IF CONTAMINATION FOUND		
							Cleaned*	Labeled	Disposed
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Resurvey & Note Results