

Laboratory Survey Record Room Diagram and Survey Instruments

RSO Form 412A (6/23)

Building _____ Room _____ Date _____

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

Room Diagram

- Instructions:
- 1) Draw a diagram of the authorized room.
 - 2) Note potential survey locations on the diagram with numbers ①, ②.
 - 3) Put date on wipe results and keep for state inspection.
 - 4) All records must be available for inspection and kept for 5 years.

Survey Instruments

| <i>Instrument Code *</i> | <i>Model #</i> | <i>Serial #</i> | <i>Type</i> |
|--------------------------|----------------|-----------------|---|
| _____ | _____ | _____ | <input type="checkbox"/> GM <input type="checkbox"/> NaI <input type="checkbox"/> LSC |
| _____ | _____ | _____ | <input type="checkbox"/> GM <input type="checkbox"/> NaI <input type="checkbox"/> LSC |
| _____ | _____ | _____ | <input type="checkbox"/> GM <input type="checkbox"/> NaI <input type="checkbox"/> LSC |
| _____ | _____ | _____ | <input type="checkbox"/> GM <input type="checkbox"/> NaI <input type="checkbox"/> LSC |
| _____ | _____ | _____ | <input type="checkbox"/> GM <input type="checkbox"/> NaI <input type="checkbox"/> LSC |
| _____ | _____ | _____ | <input type="checkbox"/> GM <input type="checkbox"/> NaI <input type="checkbox"/> LSC |

Action Level

Instrument action level is twice the bkg count of a clean area.

Wipe action level is 0.5 nCi per wipe.

* Assign letter description to each action instrument in lab (i.e. A, B).

To record Survey Results use RSO Form 412B.

Laboratory Survey Record Survey Results

Form 412B (6/23)

PI's Name: _____

Building: _____ Room: _____ Page: _____

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

All records must be available for inspection and kept for 5 calendar years.

| IF CONTAMINATION IS FOUND | | | | | | | | | |
|---------------------------|------|--------------|---------|-------------------|---------|-------------|--------------------------|--------------------------|--------------------------|
| # | Date | Instrum Code | bkg cpm | Location per Diag | Results | Surveyed By | 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 and Note Results.