

<b>Permit Holder:</b>	<b>Dept.:</b>	
<b>Surveyed by:</b>	<b>Phone:</b>	<b>Date:</b>
<b>Building:</b>	<b>Room Number(s):</b>	

Insert map of room(s) and indicate doorway numbers(s)

Smear Survey Data			Exposure Rate (G.M.) Survey Data		
Radioisotopes Analyzed:			Instrument Used:		
Counting Efficiencies (%):			Background CPM or mR/hr:		
Instrument Used:			No.	Location	CPM or mR/hr
No.	Location	DPM/100 cm <sup>2</sup>			
Continue on back					

If contamination is detected, decontaminate to < 250 DPM/100 cm<sup>2</sup>. Document decontamination results on this form. Eating, drinking, smoking, cosmetic application and mouth pipetting are prohibited in all radioactive material areas.

