

Monthly Area Surveys
for Labs Using P-32 or S-35

Date Survey: _____

GM Survey Meter Model: _____

Serial Number: _____

Background Reading Observed in **mR/hr** : _____

Readings Observed (Map Designated Areas) in **mR/hr** : _____

1: _____ 2: _____

3: _____ 4: _____

5: _____ 6: _____

7: _____ 8: _____

9: _____ 10: _____

11: _____ 12: _____

*** **Trigger Level:** If your readings exceed trigger level of 0.5 mR/hr, decontaminate/clean area and resurvey (repeat as necessary until readings are below trigger level. Document any resurvey until levels are below trigger level. Contact Radiation Safety Office if you have any questions or if the reading exceeds 2.0 mR/hr contamination is severe.

Individual Performing Area Survey : _____

Print/Type Name

: _____

Signature