RS-16 / Radiation / Contamination Survey Record

SECTION 1 – Survey Information

Department: _____ Room no.: _____

Authorized User / custodian: _____ 900#: _____

Email: _____ Phone: _____

Radiation Use Permit No., if applicable: _____

Date: _____ Time: _____

Survey performed by: _____

Reason for survey

☐ Routine survey

☐ After radioactive-material use/procedure

☐ Spill / contamination follow-up

☐ Area release / decommissioning

☐ Equipment / work-area survey

☐ Radiation machine survey

☐ Other: _____

SECTION 2 – Survey Instrumentation

Instrument type: _____ Calibration date: _____

Manufacturer / model: _____ Background: _____

Serial no.: _____ Units: _____

Probe / detector: _____

SECTION 3 – Survey Results

Location / Survey Point	Method	Result	Units	Acceptable / Action
	☐ Direct ☐ Wipe			☐ Acceptable ☐ Action
	☐ Direct ☐ Wipe			☐ Acceptable ☐ Action
	☐ Direct ☐ Wipe			☐ Acceptable ☐ Action
	☐ Direct ☐ Wipe			☐ Acceptable ☐ Action
	☐ Direct ☐ Wipe			☐ Acceptable ☐ Action
	☐ Direct ☐ Wipe			☐ Acceptable ☐ Action
	☐ Direct ☐ Wipe			☐ Acceptable ☐ Action
	☐ Direct ☐ Wipe			☐ Acceptable ☐ Action
	☐ Direct ☐ Wipe			☐ Acceptable ☐ Action
	☐ Direct ☐ Wipe			☐ Acceptable ☐ Action

SECTION 4 – Survey Area Diagram / Sampling Locations

Sketch the surveyed area and identify numbered survey points corresponding to Section 3. Show relevant equipment, radioactive-material use/storage locations, and other features as appropriate.

Building / room: _____ ☐ Diagram not to scale

Legend / notes: _____

_____

SECTION 5 – Survey Evaluation and Follow-Up

☐ No elevated radiation/contamination identified

☐ Elevated reading/contamination identified

☐ Area/equipment decontaminated

☐ Resurvey performed

☐ Area restricted pending corrective action

☐ RSO notified

☐ Additional action required

Applicable action level / acceptance criterion, if used: _____

Basis / reference: _____

Comments / corrective actions: _____

_____

_____

_____

Final survey acceptable: ☐ Yes ☐ No ☐ Pending

AU / representative acknowledgment: _____ Date: _____

Surveyor: _____ Date: _____

RSO review: _____ Date: _____