

Radiation Contamination Survey  
Form RSM - 3

Building: \_\_\_\_\_  
Room No.: \_\_\_\_\_  
Date: \_\_\_\_\_  
Surveyed By: \_\_\_\_\_

Authorization No.: \_\_\_\_\_  
Used Isotope: \_\_\_\_\_

Please refer to Part 330 of the Radiation Safety Manual for contamination survey information,  
allowable contamination limits, and decontamination requirements.

Area Surveyed:

Survey Results:

Meter Used: \_\_\_\_\_ Calibration Date: \_\_\_\_\_ Efficiency: \_\_\_\_\_ Background: \_\_\_\_\_