Radioactive Spill Contamination Survey, Part II

Keep this form for your records!

This spill occurred at _____ on _____ in room _____ of _____. Decontamination completed at _____.
time date # building time

Area/Swipe Map of contaminated room/area:

area/ swipe number:	Pre-clean mR/hr or dpm/ 100 cm2	Post-clean dpm/ 100 cm2

continue on back if need more space

Signature:_____ Date:_____