



**UNIVERSITY OF MASSACHUSETTS LOWELL
RADIATION SURVEY REPORT: Form AU-2**

BUILDING & ROOM # _____

I. Type of Survey

_____ Experiment _____ Unexpected Change in Rad level _____ Spill _____ Other

Description (if necessary): _____

II. Facility Data

1. Authorized User _____ 2. Department _____

3. Radiation Sources Used _____

III. Survey Data

1. Meters Used (field) _____ Calibration Due Date _____

Meters Used (Contamination) _____ Calibration Due Date _____

Sketch of Facility

Contamination Measurement Background: _____ cpm				Field Survey Bgd: _____	
Swipe ID	Gross CPM	Net CPM	DPM	ID	mR / hr
1					
2					
3					
4					
5					
6					
7					
8					

(additional surveys may be documented on back of this paper)

IV. Comments

Surveyor _____

Date _____