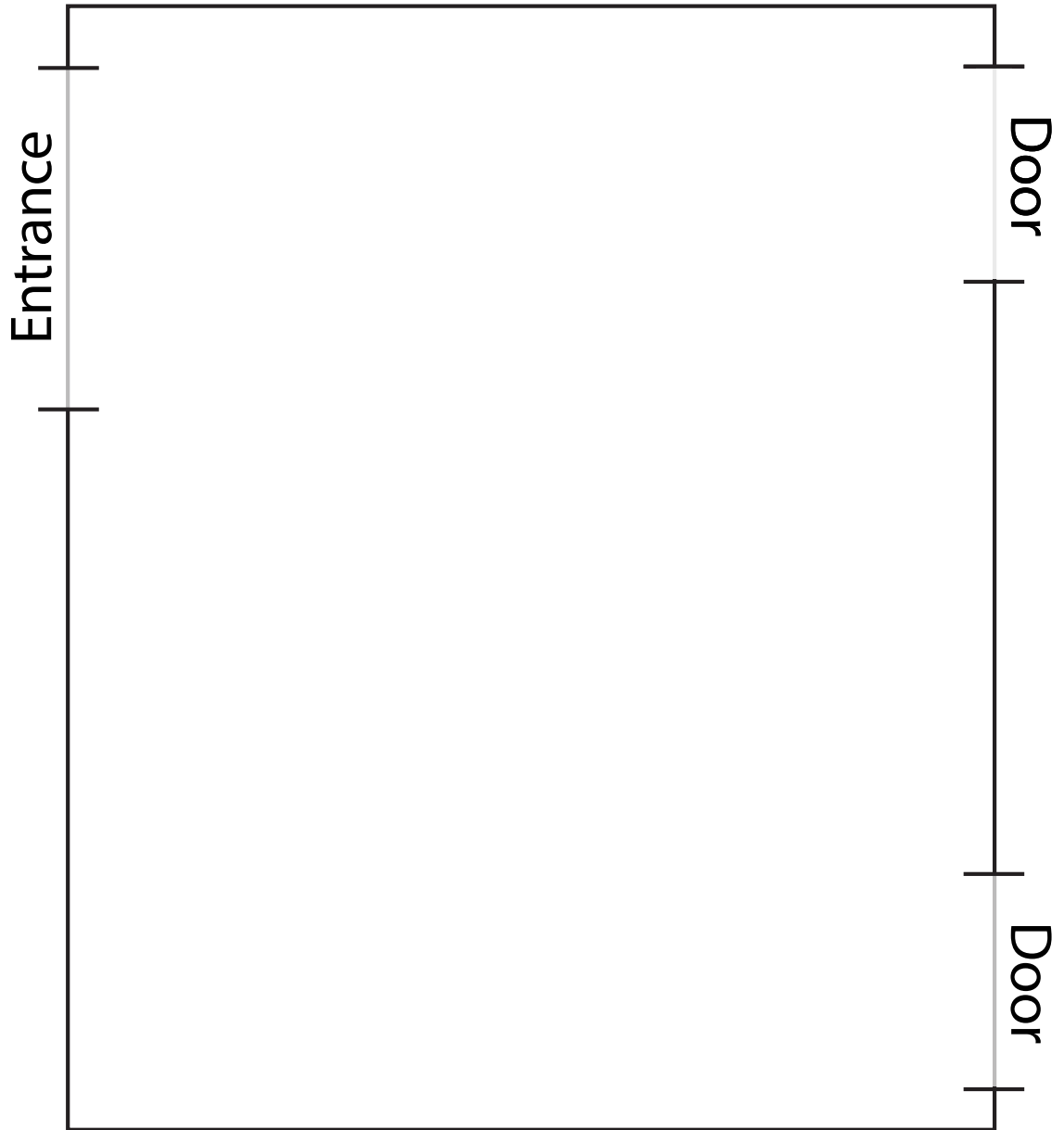


# Area Radiological Survey Sheet

Area(s):				Date:
Instrument ID:	Calibration Date:	Battery Check:	Response Check:	Background:
Survey Completed By:			Signature:	

- |   |
|---|
| <b>Perform survey instrument checkout process</b> |
| Be systematic                                     |
| Focus on high-touch areas                         |
| Document on survey sheet                          |



Comments: