



**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 _____