

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: _____