

# Authorized Investigator's Laboratory Survey Record Survey Results

RSO Form 412B (9/12)

Authorized Investigator Name: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_ Page: \_\_\_\_\_

**SURVEYS must be performed AFTER EACH USE and AT THE END OF THE MONTH.**

All records must be available for inspection and kept for 5 calendar years.

	Date	Instrum Code	bkg cpm	Location per Diag	Results	Surveyed By	IF CONTAMINATION IS FOUND		
							Cleaned*	Labeled	Disposed
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Resurvey and Note Results.