MISCELLANEOUS SAMPLE RECORD FORM

SITE _____

AREA _____

DATE _____

START TIME _____ END TIME_____

SURVEYOR(S) _____

_____

TYPE	INSTRUMENT	DETECTOR	BACKGROUD (cpm)

LOCATION	DIRECT DETECTOR MEASUREMENTS						SAMPLE TYPE	SAMPLE NUMBER	REMARKS
	TYPE:			TYPE:					
	c/_____m	ϵ_s	dpm/100cpm^2	c/_____m	ϵ_s	dpm/100cpm^2			

CALCULATIONS BY _____ DATE _____ DATA REVIEWED _____ CALCULATIONS REVIEWED _____

DATE _____ DATE _____

Figure B-17