**Laboratory Meter Survey Record**

PI/RUA: _____ Room: _____

| | | All areas less than 3 x background? | | |
|---|---|---|---|---|
| Date | Background (CPM) | Yes | No (*) | Initials |
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(*) If no, complete a Laboratory Survey form showing areas of contamination and the survey after decontamination is complete. Please attach a map, sketch or description of the areas surveyed.

| Meter Make & Model | Serial # | Probe Type | Calibration Date |
|---|---|---|---|
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