

RPR 50E. RADIONUCLIDE LABORATORY EVALUATION REPORT

To: _____ Group #: _____ Date: _____

Building: _____ Room(s): _____

Reason: Contamination survey Routine audit Special/Incident Final/Close-out Startup

SUMMARY OF SIGNIFICANT SURVEY RESULTS:

- No removable contamination or significant exposure rates were found during this survey. We appreciate your effort to keep it that way!
- Serious contamination [S] was found on: _____
 - Contamination must be removed before work continues in the area.
 - The contamination has been cleaned up.
- Unacceptable contamination [U] was found on: _____
- Until removed, it must be covered, isolated, labeled, etc. to prevent contact by individuals in the area.
- Low-level contamination [L] was found on: _____
Although this contamination poses no undue risk to personnel, it indicates that improvement in handling techniques is possible and desirable.
- A screening bioassay is required promptly [P] (within 5 days) from each potentially exposed individual.
- A screening bioassay is required within the normal bioassay interval [B] from each potentially exposed individual.
- Significant exposure rates (>0.5 mrem/hour at 30 cm) were found at:

Contaminated area categories:

	Quantities (multiples of RCL)			
	>100	10-100	1-10	<1
Skin, hair or clothing in contact with skin	<input type="checkbox"/> [S,P]	<input type="checkbox"/> [S,P]	<input type="checkbox"/> [S,B]	<input type="checkbox"/> [U]
Readily accessible surfaces; uncontrolled contact	<input type="checkbox"/> [S,P]	<input type="checkbox"/> [S,B]	<input type="checkbox"/> [U]	<input type="checkbox"/> [L]
Inaccessible surfaces; limited contact potential	<input type="checkbox"/> U	<input type="checkbox"/> [U]	<input type="checkbox"/> [L]	<input type="checkbox"/> [L]

PLEASE NOTE COMMENTS ON ITEMS CHECKED BELOW:

- | | |
|--|---|
| <input type="checkbox"/> Contamination control
<input type="checkbox"/> Survey instruments
<input type="checkbox"/> Personal surveys & records
<input type="checkbox"/> Storage, security, signs and labels
<input type="checkbox"/> Inventory and disposition records | <input type="checkbox"/> Exposure control
<input type="checkbox"/> Area monitoring & records
<input type="checkbox"/> Wearing of dosimeters
<input type="checkbox"/> Waste segregation |
|--|---|

Attachments: Check list with comments Measurements data Survey map Other:

Signature: _____ Date: _____