

**Laboratory Meter Survey Record**

PI/RUA: \_\_\_\_\_

Room: \_\_\_\_\_

All areas not statistically different than background?

Date	Background (CPM)	Yes	No (*)	Initials

(\*) 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