

# PERSONNEL CONTAMINATION SURVEY SHEET

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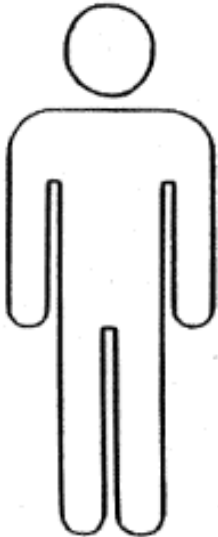
Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Team: \_\_\_\_\_

Mark contamination locations on the diagrams below.

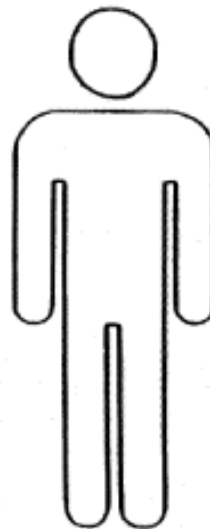
Bioassay Collected: \_\_\_\_ Yes \_\_\_\_ No

**FRONT**

**BACK**



Measurements:	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____



Measurements:	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____

Comments:

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Monitored by: \_\_\_\_\_ Instrument: Type: \_\_\_\_\_ Number: \_\_\_\_\_

**Privacy Act Statement:** *The information on this form is protected by the Privacy Act of 1974. The purpose of requesting this information is to conduct dose tracking. This information will be used by the U.S. Department of Energy, Nevada Operations Office, its contractors, and the home organization of the participant. Failure to provide this information will result in not receiving a dose assessment or proper dose tracking.*