Table 2. Radiation Survey Data Table (Page 1 of 2)

Radiation survey Data Table								
a.	**Circle the instrument used.**				**d.**	**GPS/Grid Coordinates (GPS/Grid below.)**		
	AN/PDR-77	Or	VDR-2		A:		B:	
	Cal. Due Date:		SN:		**e.**	**Radiation survey Results**		
b.	**Check Source Measurements**						Gamma	X-ray
			Gamma	X-ray	Average			
	Pre-radiation				Average Background			
	Post-radiation				Net Reading:			
c.	**Radiological Background Information**				**f.**	**Personnel Information**		
Location			Gamma	X-ray	Radiation surveyors:			
1.								
2.								
3.					Reviewers:			
Average:								

Radiation Survey Unit Boxes

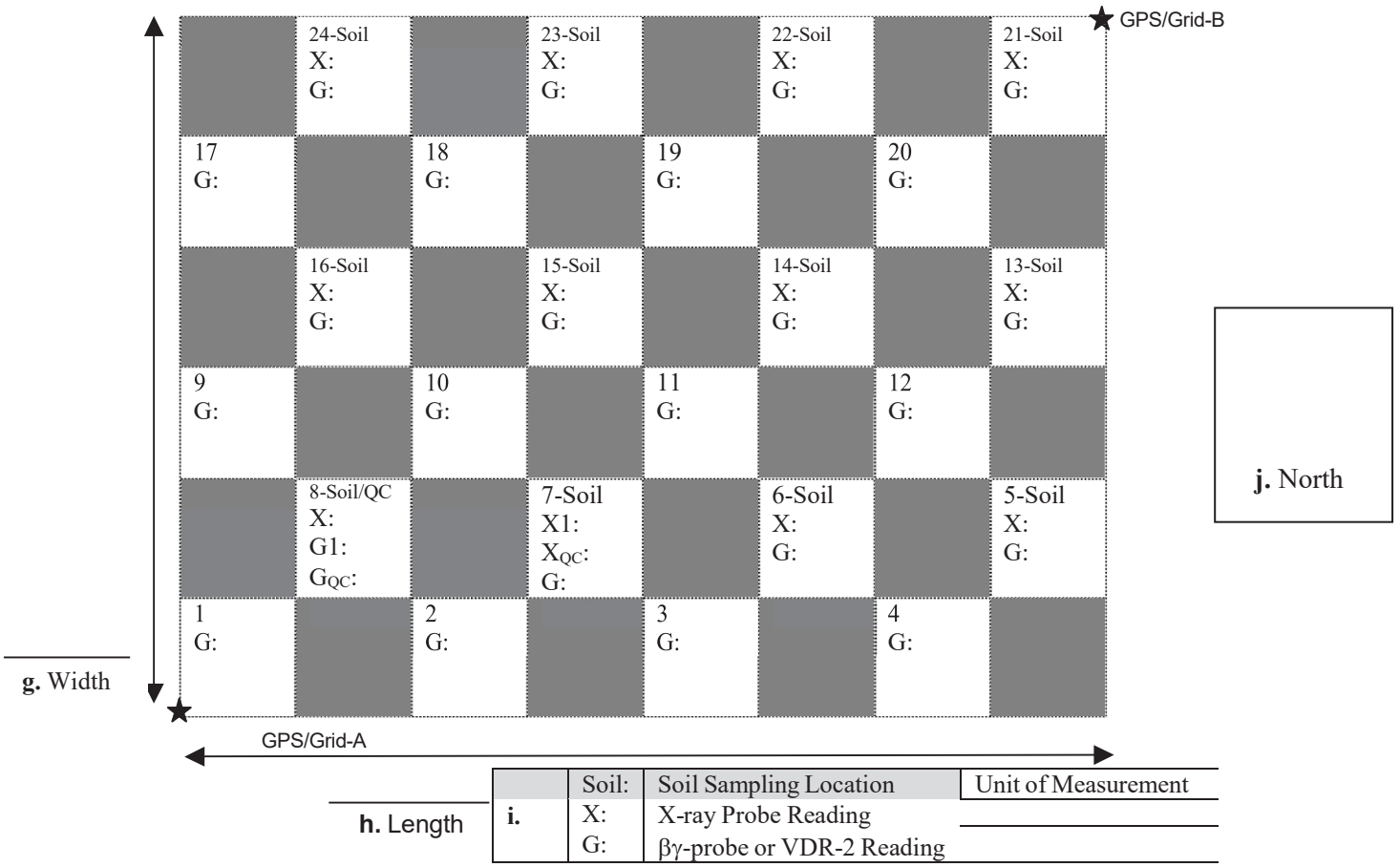


Table 3. Radiation Survey Data Table (Page 2 of 2)

k. Radiation Survey Unit Schematic

	24		23		22		21
17		18		19		20	
	16		15		14		13
9		10		11		12	
	8		7		6		5
1		2		3		4	

l. Potential Radiological Hazard ID- Refer to TG 238 for guidance.

Is there evidence or a record of the following?	Circle one	If yes, describe the evidence or attach the record.
The presence, use, storage, or disposal of radioactive materials.	Yes / No / Unknown	
The use of DU or military commodities.	Yes / No / Unknown	
The decontamination, maintenance, or storage of radioactively contaminated equipment.	Yes / No / Unknown	
The presence of enhanced naturally occurring radioactive material.	Yes / No / Unknown	
Radiation generating machines such as accelerators and x ray machines.	Yes / No / Unknown	
Any aircraft accident in the area.	Yes / No / Unknown	
Medical or research facilities in the area.	Yes / No / Unknown	
Coal ash, fertilizer, other mineral processes in the area.	Yes / No / Unknown	
Nuclear power plants in the area.	Yes / No / Unknown	

3.4 Field Results Summary Checklist (Page 1 of 1)

Net Reading: Instrument Used: PDR-77 or VDR-2

Radiation survey Unit ID: Existing RES:

☐ The net gamma reading is less than 0.10 μGy/h (0.010 mR/h). There is no need to proceed with the data interpretation, the radiation survey unit can be considered equivalent to background at this time. Document these results and send them on to the APHC HPD.

Existing RES = 0

☐ The RES at the end of the mission lasting days will be:

☐ For an assigned OEG of the maximum mission duration is about

days. Existing RES > 0

☐ The RES at the end of the mission lasting days will be:

☐ For an assigned OEG of the maximum mission duration is about days.

This checklist summarizes the results of a particular radiation survey and intended for use in communicating the results.

Soil Sample Collection

APHC - Health Physics Division – TG 236

Sampling Location:

Radiation survey Unit ID:

Team Leader:

Samples packed by:

POC:

Sample Types: Grab and Soil
Analyses Desired: γ-spectroscopy

APHC Project number if applicable:

List the **Field ID** and **NATO Date-Time Group.**

Field ID	**NATO Date-Time Group (DDTTTTZMMMYYYY)**

Tamper Resistant Seals Used? Yes No

Chain of Custody Information

Sign and Print Name

Released By	Received By	Date	Purpose of Transfer

Notes and Comments

Figure 13. An Example of a Soil Collection Form

Field Chain-of-Custody Sheet

APHC - Health Physics Division – TG 236

Sampling Location: _____ Date of Collection: _____ Page 1of 2

Radiation survey Unit ID: _____

Team Leader: _____

Samples packed by: _____

POC: _____

Sample Types: Grab and Soil

Analyses Desired: γ-spectroscopy

APHC Project number if applicable:

List the **Field ID** and **time of collection** of each sample.

	Time		Time
1.		11.	
2.		12.	
3.		QC.	
4.		Additional Samples	Time / Sample Type / Desired Analyse
5.			
6.		BKG 1.	
7.		BKG 2.	
8.		BKG 3.	
9.		13.	
10.		14.	

Method of Shipping and Carrier Used:

Shipping Date:

Tamper Resistant Seals

On the container? O Yes O No

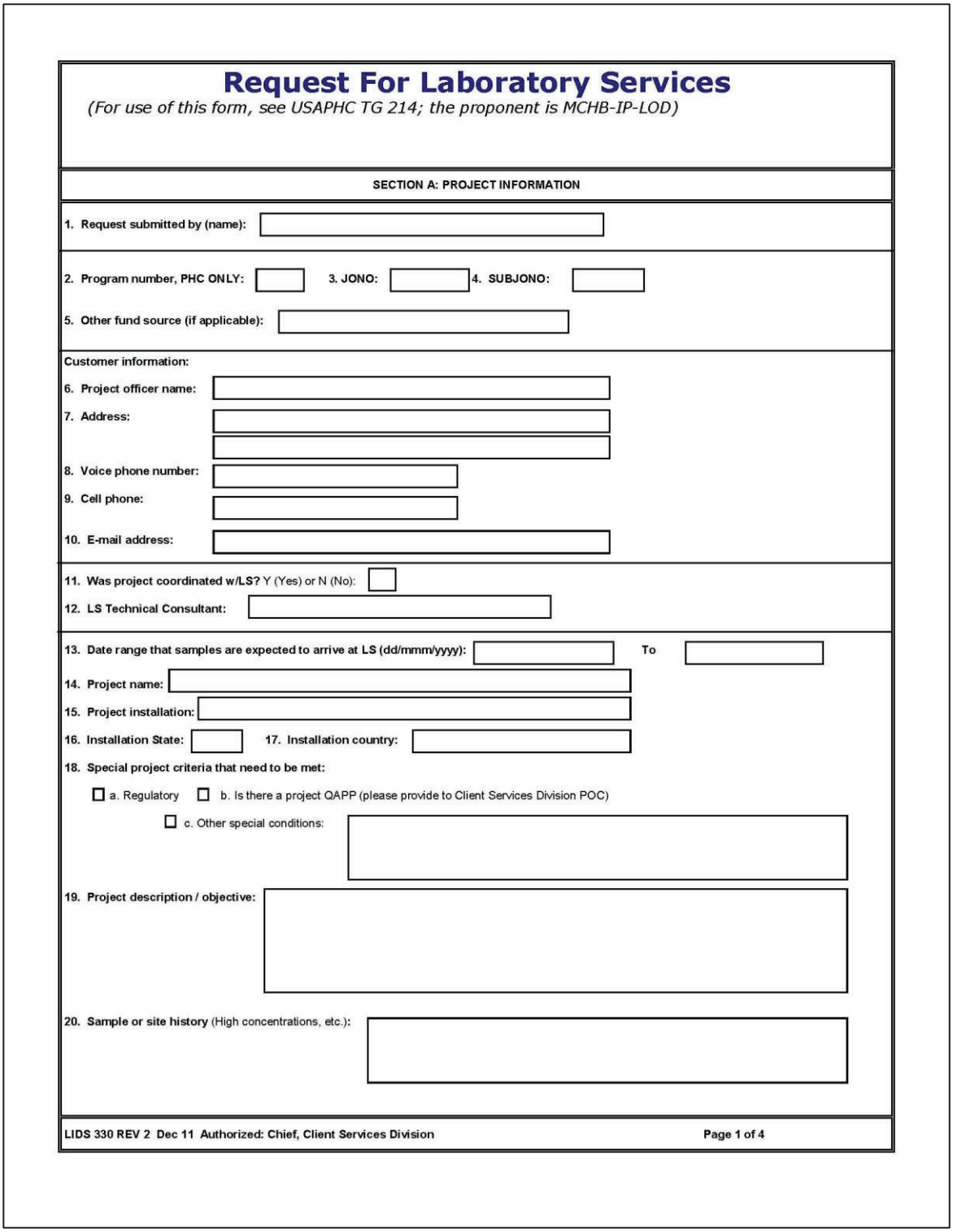
On each sample? O Yes O No

Chain- of- Custody

Sample or Samples Transferred	Sign and Print Name		Date	Purpose of Transfer
	Released By	Received By		

Field Chain-of-Custody Sheet
APHC - Health Physics Division – TG 236

Chain-of-Custody				Page 2 of 2
Sample or Samples Transferred	Sign and Print Name			
	Released By	Received By	Date	Purpose of Transfer



Request For Laboratory Services

(For use of this form, see USAPHC TG 214; the proponent is MCHB-IP-LOD)

SECTION A: PROJECT INFORMATION

1. Request submitted by (name):

2. Program number, PHC ONLY: 3. JONO: 4. SUBJONO:

5. Other fund source (if applicable):

Customer information:

6. Project officer name:

7. Address:

8. Voice phone number:

9. Cell phone:

10. E-mail address:

11. Was project coordinated w/LS? Y (Yes) or N (No):

12. LS Technical Consultant:

13. Date range that samples are expected to arrive at LS (dd/mmm/yyyy): To

14. Project name:

15. Project installation:

16. Installation State: 17. Installation country:

18. Special project criteria that need to be met:

☐ a. Regulatory ☐ b. Is there a project QAPP (please provide to Client Services Division POC)

☐ c. Other special conditions:

19. Project description / objective:

20. Sample or site history (High concentrations, etc.):

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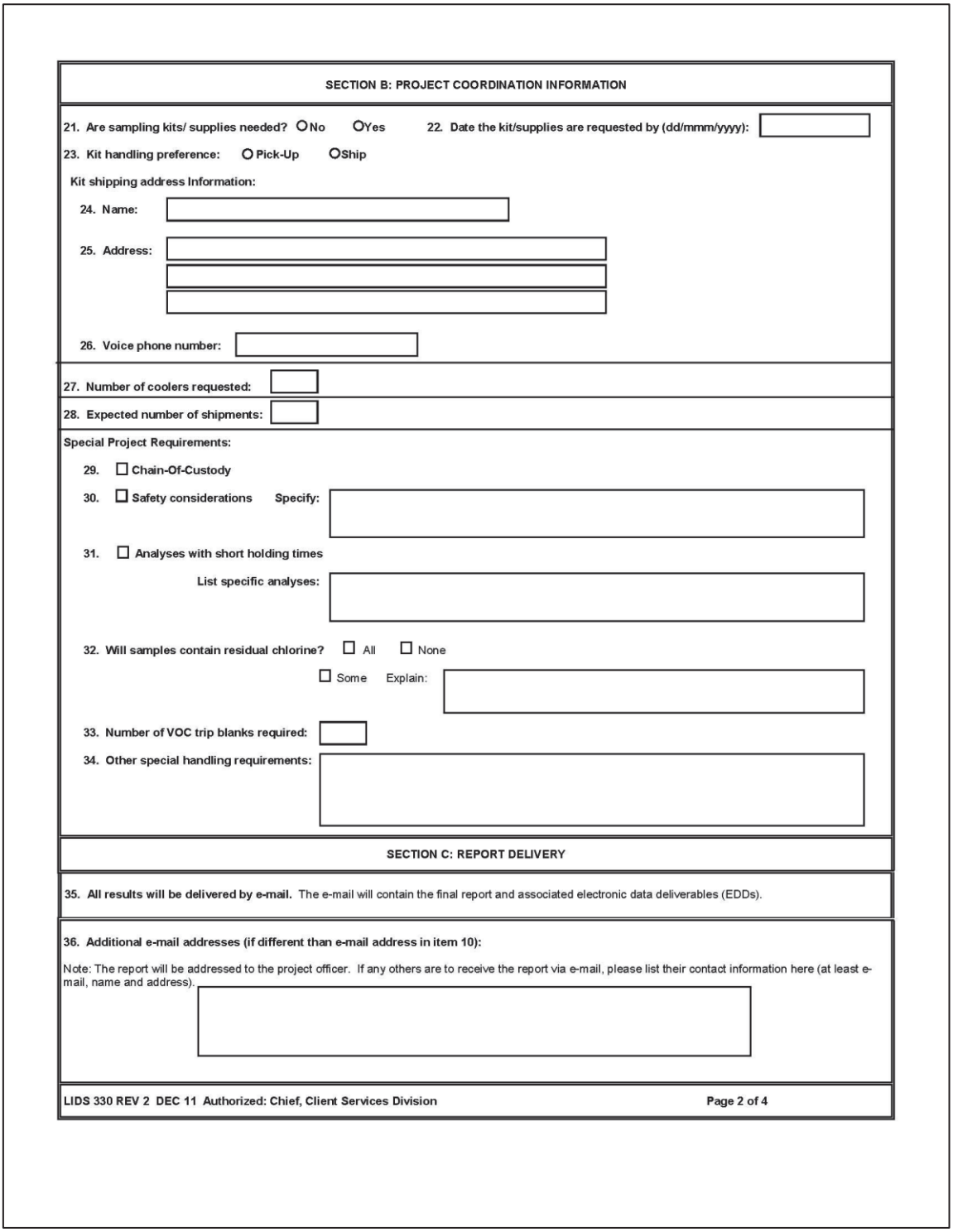
Figure 17. LIDS Form 330



SECTION B: PROJECT COORDINATION INFORMATION

21. Are sampling kits/ supplies needed? ○ No ○ Yes 22. Date the kit/supplies are requested by (dd/mmm/yyyy):

23. Kit handling preference: ○ Pick-Up ○ Ship

Kit shipping address Information:

24. Name:

25. Address:

26. Voice phone number:

27. Number of coolers requested:

28. Expected number of shipments:

Special Project Requirements:

29. ☐ Chain-Of-Custody

30. ☐ Safety considerations Specify:

31. ☐ Analyses with short holding times

List specific analyses:

32. Will samples contain residual chlorine? ☐ All ☐ None

☐ Some Explain:

33. Number of VOC trip blanks required:

34. Other special handling requirements:

SECTION C: REPORT DELIVERY

35. **All results will be delivered by e-mail.** The e-mail will contain the final report and associated electronic data deliverables (EDDs).

36. **Additional e-mail addresses (if different than e-mail address in item 10):**

Note: The report will be addressed to the project officer. If any others are to receive the report via e-mail, please list their contact information here (at least e-mail, name and address).

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Figure 17. LIDS Form 330