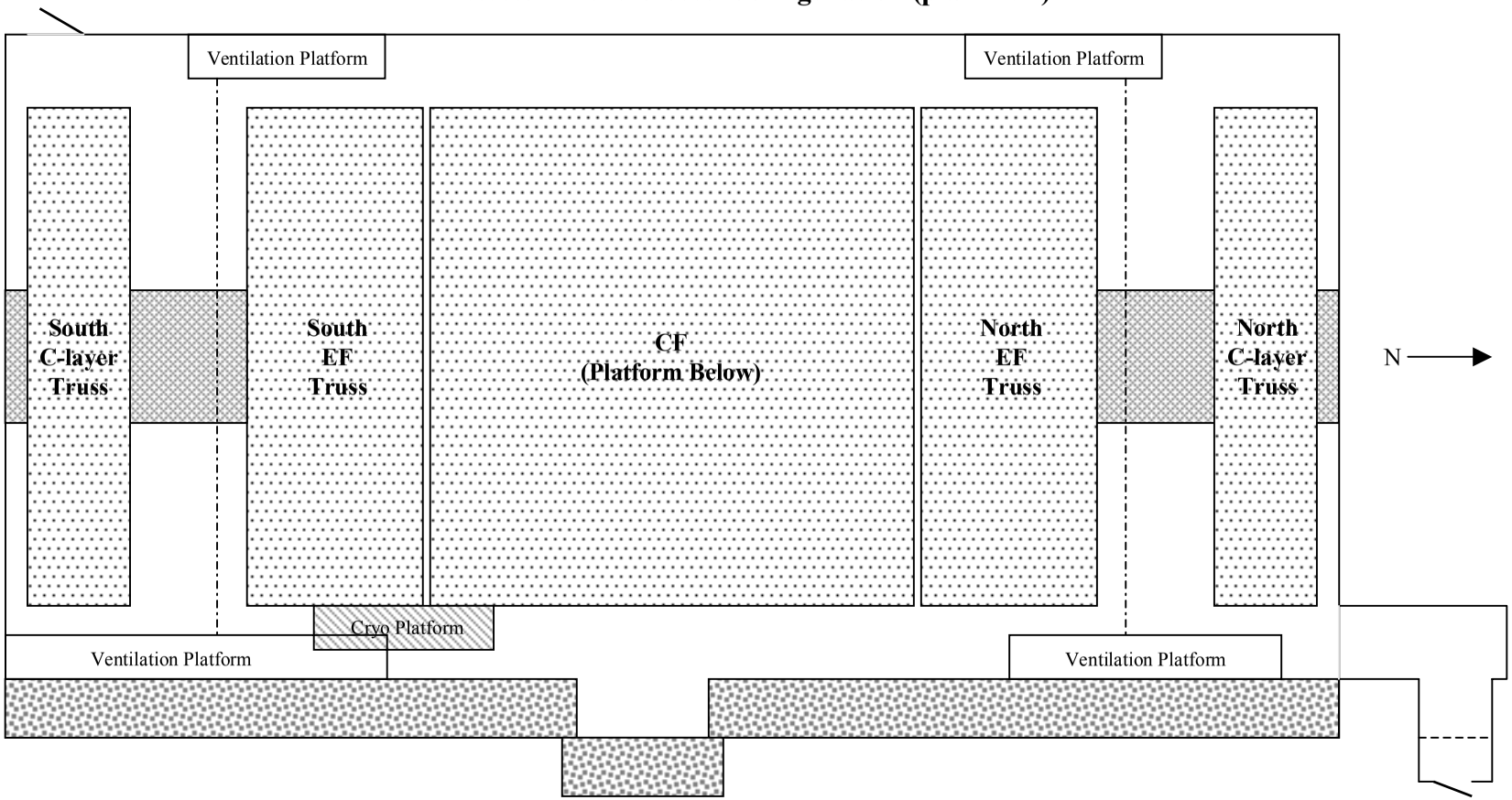
DATE: _____	TIME: _____	PURPOSE: _____	RWP #: _____

D0 Collision Hall
Detector in the Closed Configuration (plan view)



All Dose Rates Below _____ mR/hr Unless Noted

Inst Type:	_____	_____
Inst. No:	_____	_____
Batt/Source Chk:	_____	_____
Cal. Due Date:	_____	_____

LEGEND
Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below
* = mR/hr @ contact
A=Air Sample ◯ =Wipe (F) =Floor wipe

Bkgd _____ cpm

Wipe #	Reading	Wipe #	Reading
_____	_____ ccpm	_____	_____ ccpm
_____	_____ ccpm	_____	_____ ccpm
_____	_____ ccpm	_____	_____ ccpm
_____	_____ ccpm	_____	_____ ccpm
_____	_____ ccpm	_____	_____ ccpm

Beam Off Date: _____
Beam Off Time: _____
Intensity: _____

Highest Dose Rate Found: _____mR/hr at 1ft

Note: RSO approval required to work in areas where it is >100 mR/hr@ 1 foot OR < 100 ccpm on a wipe.

Comments:

Surveyed By: _____
Reviewed By: _____

Revised: 6/29/01