

UNIVERSITY OF NORTH DAKOTA
SURVEY & SMEAR DATA REPORT FORM

Taken By _____ Date _____
Counted By _____ Date _____
Location _____ User _____

No.	Location Tested	Room Daigram
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	
6.	_____	
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17.	_____	
18.	_____	
19.	_____	
20.	_____	

Return original form with scintillation printout to the RSO monthly.
Authorized user should retain a copy for their records.
Clean and rewipe all areas at or above 2X background prior to submitting.