

# Personnel Contamination Survey Sheet

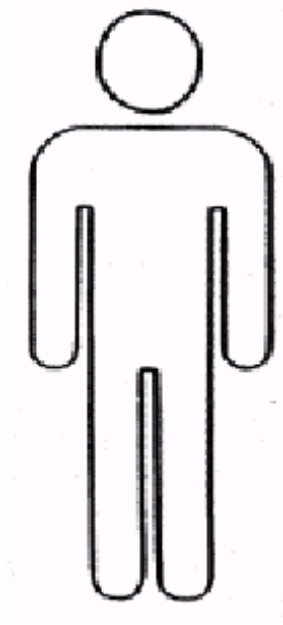
Name: \_\_\_\_\_ Date / Time: \_\_\_\_\_ Team: \_\_\_\_\_

Instrument Type: \_\_\_\_\_ Number: \_\_\_\_\_ Bioassay Collected:  Yes  No

*Mark contamination locations on the diagrams below*

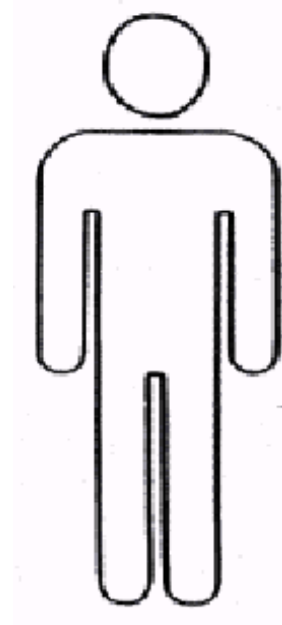
**FRONT**

**BACK**



Measurements:

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____



Measurements:

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monitored By: \_\_\_\_\_ Instrument: Type: \_\_\_\_\_ Number: \_\_\_\_\_