Body Chart for Recording Results of Radiation Survey

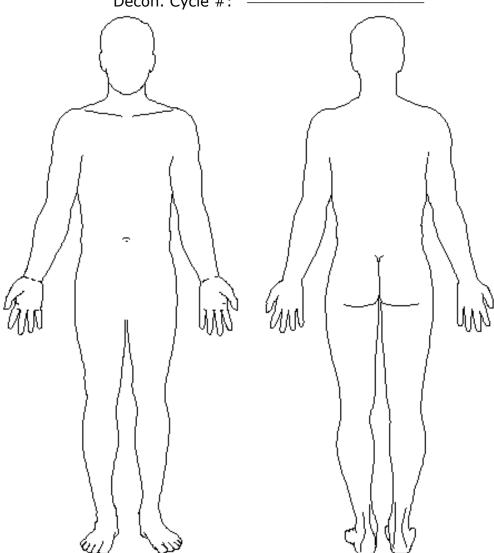
Name: ————

Patient ID:

Date: _____

Time: _____

Decon. Cycle #:



See more detailed **External Contamination Survey Report** worksheet template: Thompson NJ et al. <u>Radiation Monitoring Units: Planning and Operational Guidance</u>, HPPA-CRCE-017, see pages 45-49, (HPA, July 2011)

