

SAMPLE RECORD SHEET

REGION I LABORATORY

**LAB CONTROL
NUMBER**

ROUTINE
URGENT

DATE
NEEDED

SAMPLE LOCATION

DATE ANALYSIS BEGAN

DATE COMPLETED

ANALYZED BY

DATE

COLLECTED BY

DIVISION

PHONE

CONTACT NOTIFIED

DATE _____

APPROVED BY

DATE _____

[illegible]

* Random uncertainties reported are 1 standard deviation, 1σ . small negative and other results $\leq 2\sigma$ are interpreted as including "zero" or as not detected. If appropriate, estimates of possible systematic errors are reported in parentheses.

(pink) 2. INSPECTOR

REQUEST FOR ANALYSIS
Region I Laboratory

CONTROL NUMBER

301513

SAMPLE LOCATION (LICENSEE)

1000, 100 NJ

LICENSE NO.

SMB-1500

DOCKET NO.

040-004

SAMPLES SUBMITTED

#(TOTAL)	TYPE	VOLUME	WEIGHT
		100 ml	
		100 ml	
		100 ml	
		100 ml	

DATE SAMPLES SUBMITTED

6-5-82

PRIORITY

ROUTINE

URGENT ***

SAMPLE COLLECTION INTERVAL

	MONTH	DAY	YEAR	TIME
START	6	5	1982	
STOP	6	6	1982	

INSPECTOR RESPONSIBLE

PHONE EXT.

3044

ANALYSIS TO BE PERFORMED

LIST DESIRED
LLD (Optional)

OTHER TYPE OF ANALYSIS (Specify)

LIST DESIRED
LLD (Optional)

GROSS ALPHA

GROSS BETA

GAMMA SPEC

TRITIUM

CARBON-14

IODINE-125

REMARKS

1. 100 ml sample taken from behind Bldg 3 floor 3
2. 100 ml sample taken from behind Bldg 3 floor 3
3. 100 ml sample taken from behind Bldg 3 floor 3
4. 100 ml sample taken from behind Bldg 3 floor 3
5. 100 ml sample taken from behind Bldg 3 floor 3
6. 100 ml sample taken from behind Bldg 3 floor 3
7. 100 ml sample taken from behind Bldg 3 floor 3
8. 100 ml sample taken from behind Bldg 3 floor 3
9. 100 ml sample taken from behind Bldg 3 floor 3
10. 100 ml sample taken from behind Bldg 3 floor 3

NOTE: Samples will be discarded after analysis unless reasons are noted above in Remarks.

***** FOR URGENT USE ONLY**— Signature Blocks below must be filled out by the Inspector's appropriate Section Chief and by the Chief, Effluents Radiation Protection Section BEFORE submitting this form to the Region I Laboratory.

SIGNATURE — APPROPRIATE NUCLEAR MATERIALS SAFETY SECTION CHIEF

DATE

SIGNATURE — CHIEF, EFFLUENTS RADIATION PROTECTION SECTION

DATE

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PHONE

CONTACT NOTIFIED

DATE

APPROVED BY

DATE _____

SAMPLE

ANALYZE
FOR

INSTRUMENT USED

QUANTITY USED	DATE	DESCRIPTION	AMOUNT
100	10/1/20	...	...
200	10/15/20	...	...
300	10/30/20	...	...
400	11/10/20	...	...
500	11/20/20	...	...
600	12/1/20	...	...
700	12/15/20	...	...
800	12/30/20	...	...
900	1/10/21	...	...
1000	1/20/21	...	...
1100	1/30/21	...	...
1200	2/10/21	...	...
1300	2/20/21	...	...
1400	2/28/21	...	...
1500	3/10/21	...	...
1600	3/20/21	...	...
1700	3/30/21	...	...
1800	4/10/21	...	...
1900	4/20/21	...	...
2000	4/30/21	...	...
2100	5/10/21	...	...
2200	5/20/21	...	...
2300	5/30/21	...	...
2400	6/10/21	...	...
2500	6/20/21	...	...
2600	6/30/21	...	...
2700	7/10/21	...	...
2800	7/20/21	...	...
2900	7/30/21	...	...
3000	8/10/21	...	...
3100	8/20/21	...	...
3200	8/30/21	...	...
3300	9/10/21	...	...
3400	9/20/21	...	...
3500	9/30/21	...	...
3600	10/10/21	...	...
3700	10/20/21	...	...
3800	10/30/21	...	...
3900	11/10/21	...	...
4000	11/20/21	...	...
4100	11/30/21	...	...
4200	12/10/21	...	...
4300	12/20/21	...	...
4400	12/30/21	...	...
4500	1/10/22	...	...
4600	1/20/22	...	...
4700	1/30/22	...	...
4800	2/10/22	...	...
4900	2/20/22	...	...
5000	2/28/22	...	...
5100	3/10/22	...	...
5200	3/20/22	...	...
5300	3/30/22	...	...
5400	4/10/22	...	...
5500	4/20/22	...	...
5600	4/30/22	...	...
5700	5/10/22	...	...
5800	5/20/22	...	...
5900	5/30/22	...	...
6000	6/10/22	...	...
6100	6/20/22	...	...
6200	6/30/22	...	...
6300	7/10/22	...	...
6400	7/20/22	...	...
6500	7/30/22	...	...
6600	8/10/22	...	...
6700	8/20/22	...	...
6800	8/30/22	...	...
6900	9/10/22	...	...
7000	9/20/22	...	...
7100	9/30/22	...	...
7200	10/10/22	...	...
7300	10/20/22	...	...
7400	10/30/22	...	...
7500	11/10/22	...	...
7600	11/20/22	...	...
7700	11/30/22	...	...
7800	12/10/22	...	...
7900	12/20/22	...	...
8000	12/30/22	...	...
8100	1/10/23	...	...
8200	1/20/23	...	...
8300	1/30/23	...	...
8400	2/10/23	...	...
8500	2/20/23	...	...
8600	2/28/23	...	...
8700	3/10/23	...	...
8800	3/20/23	...	...
8900	3/30/23	...	...
9000	4/10/23	...	...
9100	4/20/23	...	...
9200	4/30/23	...	...
9300	5/10/23	...	...
9400	5/20/23	...	...
9500	5/30/23	...	...
9600	6/10/23	...	...</

DATE
COUNTED

COUNT
TIME

**GROSS
COUNT**

BACK- GROUND

NET
COUNT

RESULT ± 10 *

NO.

DATE

HOUR

DESCRIPTION

Submitted by _____

5000

2

7.4
9/10/10

131-

292

Ex-94 0013 I

12-44 (cont. 2-10-44)

16-212	10-11-1917	10-11-1917	10-11-1917
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(pink) 2. INSPECTOR

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REGION I LABORATORY

LAB CONTROL
NUMBER

ROUTINE

DATE
NEEDED

URGENT

DATE
NEEDED

SAMPLE LOCATION				DATE ANALYSIS BEGAN				DATE COMPLETED				ANALYZED BY				DATE			
COLLECTED BY				DIVISION		PHONE		CONTACT NOTIFIED				DATE				APPROVED BY		DATE	
SAMPLE				ANALYZE FOR	INSTRU- MENT USED	QUANTITY USED	DATE COUNTED	COUNT TIME	GROSS COUNT	BACK- GROUND	NET COUNT		RESULT $\pm 1\sigma$ *						
NO.	DATE	HOUR	DESCRIPTION																
1	10/1/91	12:00	15-235-154/H	H-338	Spec	4/29	5/1/91	10,000					$(1.3 \pm 0.1) \times 10^{-7}$						
2				Pa 234m									$(1.5 \pm 0.2) \times 10^{-7}$						
				U-235								$(1.5 \pm 0.9) \times 10^{-7}$							
3	9/2/91	12:00	15-235-154/H	H-338	Spec	5/16.5	5/1/91	10,000					$(1.2 \pm 0.4) \times 10^{-7}$						
													$(2.0 \pm 1.3) \times 10^{-7}$						

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(pink) 2. INSPECTOR

REQUEST FOR ANALYSIS
Region I Laboratory

CONTROL NUMBER

SAMPLE LOCATION (LICENSEE)

WESTING HOUSE BLOOMFIELD

LICENSE NO.

DOCKET NO.

SAMPLES SUBMITTED

#(TOTAL)	TYPE	VOLUME	WEIGHT	DATE SAMPLES SUBMITTED	PRIORITY
2	SOI	N	N 1 Kg	3-11-71	ROUTINE
					URGENT ***

SAMPLE COLLECTION INTERVAL

START	MONTH	DAY	YEAR	TIME
STOP				

INSPECTOR RESPONSIBLE

MARK R. BERTS

PHONE EXT.

5094

ANALYSIS TO BE PERFORMED	LIST DESIRED LLD (Optional)	OTHER TYPE OF ANALYSIS (Specify)	LIST DESIRED LLD (Optional)
GROSS ALPHA			
GROSS BETA			
GAMMA SPEC.			
TRITIUM			
CARBON-14			
IODINE-125			

REMARKS

2002 10/11/71 AS
 (1) WFB SSS 004A
 (2) WFB SSS 007A
 ORAU
 Looking for U + Th in sample

NOTE: Samples will be discarded after analysis unless reasons are noted above in Remarks.

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SIGNATURE — APPROPRIATE NUCLEAR MATERIALS SAFETY SECTION CHIEF

DATE

SIGNATURE — CHIEF, EFFLUENTS RADIATION PROTECTION SECTION

DATE

ORAU/ESSAP
P. O. Box 117
Oak Ridge, TN 37830

CHAIN-OF-CUSTODY RECORD

Site WEB Sample Type SOIL Samplers E. MONTALVO, DA. Gibson

[illegible]

3-14-91
3-14-91

Transport Method <u>N/A</u>				Seal No. <u>N/A</u>			
1. Relinquished by: (Signature)	Date	Time	Received by: (Signature)	3. Relinquished by: (Signature)	Date	Time	Received by: (Signature)
<i>Expressed</i>	<i>3/14/91</i>	<i>1045</i>	<i>Mark Sahet</i>				
2. Relinquished by: (Signature)	Date	Time	Received by: (Signature)	4. Relinquished by: (Signature)	Date	Time	Received by: (Signature)

Distribution: Original to individual having custody
Copy filed with field data