



RADIATION PROTECTION COMMITTEE

CAMBRIDGE, MASSACHUSETTS 02139

MINUTES OF THE 116TH MEETING OF THE RADIATION PROTECTION COMMITTEE ON MAY 23, 1995

MEMBERS PRESENT: Hemond, Davison, Dedon, Fiore, Galanek, Haldeman, Housman, Massé, Powell, Styles, Yanch.

MEMBERS ABSENT: King, Matsudaira, McCunney, Pratt, Wenzel.

EX OFFICIO MEMBERS PRESENT: Fuller, Haes, Irwin, Reilly.

The meeting was called to order at 1:35 PM.

- I. The minutes of the 115th meeting were reviewed and accepted as presented. A note will be added to authorization LNS-Z-1, Dr. Chen supervisor, that Dr. Robert Redwine, LNS Director, approves of Dr. Chen's use of radioactive material in the LNS department.
- II. Ratification of Administratively Approved Authorizations: The following administratively approved authorizations were ratified as presented:
 - II. 1. 7-E-3 Amendment
 - II. 2. PFC-C-3 Amendment
 - II. 3. 5-AJ-3 Amendment
 - II. 4. 5-AL-2 Amendment
 - II. 5. HST-L-2 Amendment
 - II. 6. HST-L-2 Amendment
 - II. 7. W-F-4 Amendment
- III. Ratification of administratively-approved renewal of authorizations. The following applications were approved as presented:
 - III. 1. 8-AF-3
 - III. 2. 8-AL-2
 - III. 3. PFC-D-2
 - III. 4. T-B-4
 - III. 5. 5-C-3
 - III. 6. 7-BC-5
 - III. 7. HST-B-5
- IV. Review of application that exceed administrative-approval guidelines:
 - IV. 1. 10-M-2
 - IV. 2. CBE-A-1

V. Quarterly ALARA Report

- V.1. Mitch Galanek reported the following ALARA program data for projects monitored for external and internal exposures:

Whole Body: No exposure results in excess of Level 1 reporting requirements.

Skin of Whole body: No exposure results in excess of Level 1 reporting requirements.

Extremity: No exposure results in excess of Level 1 reporting requirements.

Internal: No exposure results in excess of Level 1 reporting requirements.

VI. SNM - 986 Activities

- VI.1. Don Haes gave quarterly report to the Committee. No changes during the past quarter. See attached quarterly reports.

VII. Analytical XRay/Accelerator Program:

- VII.1. Tom Fuller updated the committee on the status of the Lanza accelerator project in NW13. The measured radiation levels were as follows:

Accelerator vault - 30 mrems/100 hours use.

Target vault - 110 mrems/100 hours use.

The accelerator was operating at 20% power. Tom Fuller to write a summary report of the accelerator activities to date.

VIII. Laser Safety Program

- VIII.1. Don Haes presented a proposal from Lincoln Lab for an additional laser system to do satellite tracking.

IX. New Business

- IX. 1. Frank Massé reviewed the NRC Notice of Violation dated 4/10/95 with the Committee. Each violation and response were reviewed.

Meeting adjourned at 3:15 PM.



RADIATION PROTECTION COMMITTEE

CAMBRIDGE, MASSACHUSETTS 02139

TO: Radiation Protection Committee Members
FROM: Mitchell Galanek, Executive Secretary
SUBJECT: Quarterly RPC Meeting
DATE: August 15, 1995

The scheduled third quarter meeting on Wednesday August 23, 1995, has been cancelled due to a lack of a quorum. The meeting will be held in September, on one of the following dates:

September 12 _____
September 14 _____
September 28 _____

Please mark your preference for meeting date (1,2,3) and return to me by August 30, 1995.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mitch", is written over the typed name.

Mitchell S. Galanek

M.I.T. RADIATION PROTECTION OFFICE

GROUP RETRAINING SESSION HELD ON 6 / 15 / 95 @ 16:30

I. Identification of Authorization # CCR m :

Project Supervisor: S. TONEGAWA

Department: CCR

Radionuclide	Possession Limit	Activity Used per Experiment (Maximum)	Physical/ Chemical Form	Current Possession Limit
^{32}P	40mCi	1mCi	NUCLEOSIDES	40mCi
^{125}I	80mCi	4-6mCi	NaI	80mCi
^3H	20mCi	2mCi	NUCLEOTIDES	20mCi
^{14}C	1mCi	100μCi	AMINO ACIDS	1mCi
^{35}S	60mCi	10mCi	NUCLEOTIDES	60mCi
^{51}Cr	15mCi	2mCi	SODIUM CHROMATE	15mCi

II. Information For Project Review:

A. Authorization, Section I:

1. Possession Limits.
2. Authorized Users.
3. Registered Laboratories.
4. Principal Procedures.
5. Radiation Protection Equipment.
6. Waste Disposal.


B. Authorization, Section II:

1. Specific Conditions of Approval:
2. Standard Conditions of Approval:

III. Miscellaneous Information.

IV. Signatures.


RPO Staff Member


Project Supervisor

AUTHORIZATION ANNUAL USAGE SUMMARY

AUTHORIZATION NUMBER CC12-M						
RADIONUCLIDE	1993		1994		95	
	# OF PACKAGES	ACTIVITY mCi	# OF PACKAGES	ACTIVITY mCi	#	mCi
^3H	7	21.011	9	40.25	2	15
^{14}C	1	0.001	2	0.002	0	0
^{32}P	18*	175	19*	171.45	8	18.7
^{35}S	22	104.25	23	40	5	10
^{125}I	14	121.1	4	0.201	3	22
^{51}Cr	10	35	0	0	2	30

Notes: * INCLUDES STANDING ORDERS

*** INFORMATION FOR Project Review:

A. Authorization, Section I:

1. Possession Limits.
2. Authorized Users.
3. Registered Laboratories.
4. Principal Procedures.
5. Radiation Protection Equipment.
6. Waste Disposal.


B. Authorization, Section II:

1. Specific Conditions of Approval:
2. Standard Conditions of Approval:

III. Miscellaneous Information.

IV. Signatures.


 RPO Staff Member


 Project Supervisor

**M.I.T. RADIATION PROTECTION OFFICE
STAFF AUDIT FORM**

Date: 2/1/95

A. Person Performing Audit:

D. HARRIS
(Name)

ASSISTANT, RSC
(Title)

B. Type of Audit:

Program

☒

Bookkeeping

☐

Building

☐

Technician

☐

Procedure

☐

Other

☐

C. Location of Audit:

TUNEBAWA LAB

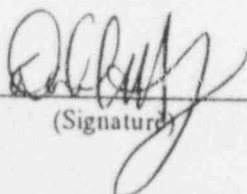
D. Results:

LAS ON FOR RENEWAL

E. Recommendations:

RENEW VIA RP-01, O/H FOR

TWO YEARS


(Signature)

2/1/95
(Date)

**M.I.T. RADIATION PROTECTION OFFICE
STAFF AUDIT FORM**

Date: 7/11/94

A. Person Performing Audit:

D. Hays

(Name)

ASST RPO

(Title)

B. Type of Audit:

Program

☒

Bookkeeping

☐

Building

☐

Technician

☐

Procedure

☐

Other

☐

C. Location of Audit:

TONEBANA LABS

D. Results:

OVERALL IMPROVEMENT OF WASTE STREAM

LAST QUARTER.

E. Recommendations:

RECOMMEND RENEW FOR ANOTHER

SIX MONTHS. WILL RENEW FOR FULL TWO YEAR

PERIOD AFTER ANOTHER REVIEW.



(Signature)

7/11/94

(Date)

M.I.T. RADIATION PROTECTION OFFICE
STAFF AUDIT FORM

Date: 4/16/94

A. Person Performing Audit:

D. HAES
(Name)

ASST RPO
(Title)

B. Type of Audit:

Program ☒
Building ☒
Procedure ☐

Bookkeeping ☐
Technician ☐
Other ☐

C. Location of Audit: TUNEGAWA LABS

D. Results: EVIDENCE OF IMPROVEMENT OF TUNEGAWA

LAB WASTE STREAM. HOWEVER, GENERAL LAB

HOUSEKEEPING IS STILL A PROBLEM AS IS

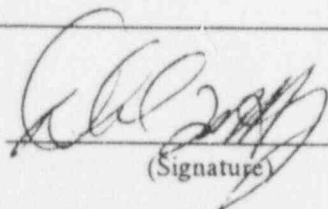
EVIDENCE OF DRINKING IN LABS (CUPPED CUPS
LEFT ON SHELVES).

E. Recommendations: NOTIFIED DIR TUNEGAWA & LAB

MANAGER OF NEEDED IMPROVEMENTS RECOMMEND

RENEWAL FOR ANNUAL 3 MONTH PERIOD ONLY.

REPORT FORWARDED TO RPO.


(Signature)

4/16/94
(Date)

REGISTERED LABORATORY RADIATION SAFETY AUDIT

Date: 2/4/94

A. General Information:

1. Project Supervisor:

PROFESSOR
(Title)

S. TONEGAWA
(Name)

CCL-11
(Authorization Number)

2. Room Inspected: E17-342, -345, -360 Level: Low Department: CCL/BIOLOGY
-350, -357, -357B [-342 MeV]

3. Radioactive Material Currently In Use:

Radionuclide	Chemical Form	Sealed/Unsealed	Activity (max)
<u>³H</u>	<u>-</u>	<u>U</u>	<u>2mCi</u>
<u>³⁵S</u>	<u>-</u>	<u>U</u>	<u>10mCi</u>
<u>¹²⁵I</u>	<u>-</u>	<u>U</u>	<u>4mCi</u>
<u>³²P</u>	<u>-</u>	<u>U</u>	<u>1mCi</u>
<u>¹⁴C</u>	<u>-</u>	<u>U</u>	<u>0.1mCi</u>
<u>⁵¹Cr</u>	<u>-</u>	<u>U</u>	<u>2mCi</u>

4. Radiation Producing Equipment:

NONE (Type) (Maximum energy) (Location)

B. Initial Inspection: A [✓] indicates proper radiation safety controls; a [*] indicates deficiencies noted, comments below; a [N/A] indicates not applicable.

- [✓] 1. Room signs properly posted (NRC form 3, radiation signs, 10 CFR 19/20 posting).
- [✓] 2. Areas in which radioactive material is used is adequately segregated and marked.
- [✓] 3. Radionuclide inventory correct and up-to-date.
4. Solid/liquid waste:
 - [✓] a. Containers not full.
 - [✓] b. Waste cards (solid/liquid container, sink) properly filled out.
- [✓] 5. No eating, drinking, smoking, or application of cosmetics in laboratory.
- [X] 6. All persons wearing safety glasses.
- [✓] 7. Persons performing work with unsealed radioactive material wearing labcoat (buttoned, sleeves rolled down), gloves.
- [✓] 8. Unattended radioactive material properly labeled/shielded.

[9] 9. Radioactive material not stored in unregistered cold/warm rooms, freezers, refrigerators.

10. Survey meter(s):

[X] a. Battery check O.K.

[X] b. Meter(s) within calibration date (yellow sticker)

[X] c. GM NaI (circle) probe intact.

11. Registered cold/warm rooms, freezers, refrigerators:

[X] a. No food, beverage storage.

[X] b. All radioactive material samples labeled.

C. Radiation Level Survey:

[X] 1. Record laboratory background (BKG) radiation level ≤ 0.02 mR/hr.

[X] 2. Bench-top levels ≤ 0.5 mR/hr in front of shields.

[X] 3. Floor levels \leq BKG.

4. Waste containers:

[X] a. Floor models ≤ 200 mR/hr on contact, ≤ 2 mR/hr at 3 ft.

[X] b. Bench-top models ≤ 1 mR/hr on contact.

[X] 5. Sink basins and drains \leq BKG.

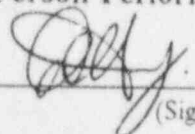
[X] 6. Non-radioactive waste containers \leq BKG.

[X] 7. Equipment (eg. centrifuges, ring stands, water baths, etc.) ≤ 0.5 mR/hr on contact.

D. Comments: Indicate item number and comments.

6. VERY LITTLE USE OF SAFETY GLASSES

E. Person Performing Survey:


(Signature)

2/4/94
(Date)

M.I.T. RADIATION PROTECTION OFFICE

GROUP RETRAINING SESSION HELD ON 1/13/94 @ 16:50

I. Identification of Authorization # CCIR-1M :

Project Supervisor: DIR. S. TUNABAWA

Department: CCIR

Radionuclide	Possession Limit	Activity Used per Experiment (Maximum)	Physical/ Chemical Form	Current Possession Limit
^{32}P	40 mCi	1 mCi	SOLUTIONS	40 mCi
^{125}I	80	6	"	80
^3H	20	2	"	20
^{35}S	60	10	"	60
^{14}C	1	0.1	"	1

II. Information For Project Review:

A. Authorization, Section I:


1. Possession Limits.
2. Authorized Users.
3. Registered Laboratories.
4. Principal Procedures.
5. Radiation Protection Equipment.
6. Waste Disposal.

B. Authorization, Section II:

1. Specific Conditions of Approval:
2. Standard Conditions of Approval:

III. Miscellaneous Information.

IV. Signatures


RPO Staff Member


Project Supervisor

Authorization No. CCR-M-5Expiration Date 10/95**MASSACHUSETTS INSTITUTE OF TECHNOLOGY****APPLICATION FOR AUTHORIZATION TO POSSESS AND USE RADIOACTIVE MATERIAL**

INSTRUCTIONS: Complete Section I and forward to the Radiation Protection Office, Room 20B-238. When approved, a copy of the application, with a designated Authorization number, will be returned to the Project Supervisor. To place a purchase order, submit to your purchasing agency a purchase requisition on which is stated "Radioactive Material" and the designated Authorization number.

SECTION I

1. Identification of persons (a) who will use and (b) who will supervise use of radioactive material:

(a) Name of person(s) who will use the material: (List principal user first)

Name	Department	M.I.T. Title	Room No.	Tel. No.
See attached				

(b) Name of person who will supervise the use of the material:

Name	Department	M.I.T. Title	Room No.	Tel. No.
Susumu Tonegawa, Ph.D.	CCR	(P.I.) Professor, Biology	E17-353	x6459

2. Rooms where the material will be handled:

(a) Material stored in E17-347(b) Material used in E17-342, 344, 345, 346, 347, 350, 357, 360, 314, 335, 329, 335

3. Description of material to be procured:

Radio nuclide	Amount of Activity		Chemical and physical form of material to be procured	Comments
	To be possessed*	In use per exp.		
^{32}P	40 mCi	1 mCi	Nucleoside phosphate	Soln.
^{125}I	80 mCi	4-6 mCi	NaI	Soln.
^3H	20 mCi	2 mCi	Nucleotides, Nucleosides, Amino Acids	Soln.
^{35}S	60 mCi	10 mCi	Nucleotides, amino acids	Soln.
^{14}C	1 mCi	100 uCi	Amino Acids, Chloramphenicol	Soln.
^{51}Cr	15 mCi	2 mCi	Sodium Chromate	Soln.

* Maximum amount to be possessed by project at any one time.

4. Is any of the radioactive material used as a label for potentially biohazardous material, toxic chemicals, or carcinogenic/ mutagenic material? Yes _____ No X. If answer is "yes," explain on a supplementary page.
5. To be procured from: M.I.T. Reactor _____ Commercial Supplier X Other _____
6. Type of investigation for which the material will be used: BIOCHEMICAL

TONEGAWA RADIATION USERS

NAME	ROOM#	PHONE#	M.I.T. TITLE	DPT
Takuji Iwasato	E17-350	x6522	Post Doc	CCR
Toshikuni Sasaoka	E17-350	"	Post Doc	CCR
Heather Hinds	E17-350	"	Graduate Student	CCR
Asa Abeliovich	E17-350	"	Post Doc	CCR
Alex Ebralidze	E17-346	x7406	Post Doc	CCR
Ken Poss	E17-34B	"	Graduate Student	CCR
David Gerber	E17-346	"	Graduate Student	CCR
Mazahir Hasan	E17-346	"	Post Doc	CCR
Brenda Williams	E17-342	x6439	Technician	CCR
Min Wu	E17-342	"	Post Doc	CCR
Wei Lin	E17-342	"	Technician	CCR
Haydn Prosser	E17-342	"	Post Doc	CCR
Ming Xu	E17-342	"	Post Doc	CCR
Bob Korn	E17-342	"	UROP	CCR
Carol Browne	E17-342	x8770	Technician	CCR
Antonio Bandeira	E17-342	x6439	Visiting Scientist	CCR
Mike Brodsky	E17-342	"	Technician	CCR
Yuqing Li	E17-347	x8762	Post Doc	CCR
Philip Ashton-Rickardt	E17-347	"	Post Doc	CCR
Joe Delaney	E17-347	"	Graduate Student	CCR
Juan Lafaille	E17-360	x6551	Post Doc	CCR
Kumiko Nagashima	E17-360	"	Technician	CCR
Zho Qian	E17-360	"	Post Doc	CCR
Albert Hsu	E17-360	"	UROP	CCR
John Iacomini	E17-357	x6551	Post Doc	CCR
Atsu Aiba	E17-357	"	Post Doc	CCR

Principal procedures involved in the use of the material: Include procedures important to the consideration of contamination control, such as: evaporation, transfer of powder, etc.

Nu- clides	Activity mCi	Room Used	Exhaust Ventilation Used	Procedure description
^{32}P	1 mCi	E17-347	room exhaust	A small fraction of total amts stored will be used in each
				NUCLEOTIDE SEQUENCING: transfer of liquids using disposable pipets
^{32}P	1 mCi	E17-342	fume hood	LABELING/COLUMN CHROMATOGRAPHY: transfer of liquids using disposable pipets
^{32}P	1 mCi	E17-342	room exhaust	ELECTROPHORESIS of labeled biochemical material
		350,346,	347,357,360	
^{32}P	10 uCi	E17-360	room exhaust	LIQUID SCINTILLATION COUNTING of radioactivity
^{32}P	5 uCi	E17-335	room exhaust	RANDOM PRIMING REACTION in closed containers
^{32}P	5 uCi	E17-315	room exhaust	AUTORAD development
^{125}I	4-6 mCi	E17-329	fume hood	LABELING of nucleic acids & proteins using disposable plasticware
^3H	2 mCi	E17-342	room exhaust	LABELING of nucleic acids & proteins using minimum level of disposables
^3H	1 mCi	E17-350	room exhaust	Cellular PROLIFERATION ASSAYS using minimum levels of disposables
^{35}S	10 mCi	E17-342	room exhaust	LABELING of nucleic acids & proteins using disp. plastics
^{51}Cr	500 uCi	E17-342	room exhaust	CHROMIUM RELEASE ASSAYS using disp. plasticware
^{51}Cr	10 uCi	E17-314	room exhaust	Radioactivity measured via GAMMA COUNTER
^{14}C	10 uCi	E17-357	room exhaust	CAT assays using minimum levels of disp. plasticware

If item 7 is continued on a supplementary page, check here _____

8. Radiation protection: Check special equipment that will be used to control external and internal radiation exposure. (If item 8 is continued on a supplementary page, check here _____.)

<input type="checkbox"/> Glove-box	<input checked="" type="checkbox"/> Transportation container	<input checked="" type="checkbox"/> Scintillation-Survey Meter
<input checked="" type="checkbox"/> Fume hood	<input checked="" type="checkbox"/> Protective gloves	<input checked="" type="checkbox"/> G.M. Survey Meter
<input checked="" type="checkbox"/> Shielding	<input checked="" type="checkbox"/> Lab-coat	<input type="checkbox"/> Ion-chamber Survey Meter
<input checked="" type="checkbox"/> Handling tongs	<input type="checkbox"/> Shoe covers	<input type="checkbox"/> Dosimeter
<input checked="" type="checkbox"/> Shielded storage container	<input type="checkbox"/> Trays	<input type="checkbox"/> Monitoring
<input checked="" type="checkbox"/> Radiation signs and labels	<input checked="" type="checkbox"/> Mechanical pipette	<input checked="" type="checkbox"/> Badges
		Body <input checked="" type="checkbox"/>
		Wrist _____
		Finger <input checked="" type="checkbox"/>

9. Radioactive-waste disposal:

Type of Waste

Method of Disposal

Solid

Into RPO collection container in room # E17-342, 346, 347, 350, 357, 360, 329

Liquid

Into RPO collection container in room # E17-342, 360
Into sink of room # E17-342, 346, 350, 347, 357, 360

Scintillation Fluid

Into RPO collection container in room # E17-360

Animal tissue

To be stored (for RPO collection) in freezer in room N/A

Special waste*

Describe on attached sheet (check) N/A

*Waste in form of gas, pyrophoric or pathogenic material are to be considered special wastes.

10. Name of person completing items 1 through 9 Carol P. Browne

11. Project Supervisor's approval (Signature)  Date 8/3/93

Project Supervisor's name (Please Print) Susumu Tonegawa, Ph.D.

SECTION II (This section to be completed by the Radiation Protection Office.)

A. Comments relating to the application:

1. This authorization supercedes authorization CCR-M-4.
2. Low level laboratories registered to the project are: E17-346, 347, 345, 350, 357, 360, and 357B.
3. Medium level laboratories registered to the project are: E17-342.

B. Following are the specific conditions of approval concerning work with radioactive materials under this authorization:

1. All protein iodinations will be performed in room E17-329. Stock solution of radioiodine will be stored in the shielded area in the hood in E17-329 or in the refrigerator in E17-329.
2. All persons using the E17-329 iodination facilities will follow the guidelines in the posted supplemental sheet.
3. If R.P.O. monitoring of stack discharges for radioiodine show results which exceed 10% of the values specified in Appendix B, Table III, 10CFR20, averaged over a 168-hour period, appropriate controls will be implemented by the project to reduce the concentration to as low as reasonably possible.
4. All persons handling ≥ 100 uCi of unsealed radioiodine, including persons involved in the iodination procedure are required to report to the Radiation Protection Office for a thyroid burden measurement within one week after using the material. Projects not in compliance will be restricted from future use of ^{125}I .
5. Persons handling millicurie quantities of ^{32}P will use plexiglass shielding and/or handling tools to minimize radiation exposures.
6. All ^{32}P and ^{35}S contaminated solid waste will be segregated and held for decay.

C. This application is approved with the following general conditions:

1. The proposed work with radioactive material shall be performed in the manner specified in Sections I and II-B,C,D. There shall be no changes in the approved procedures without the prior approval of the Radiation Protection Committee. The Radiation Protection Office shall be notified prior to a change in place of use or storage of radioactive material.
2. The use, storage and disposal of the radioactive material shall be in conformity with (a) the provisions of the Code of Federal Regulations Title 10, Part 20 "Standards for Protection Against Radiation" and (b) the provisions of "M.I.T. Required Procedures for Radiation Protection."

Environmental
Medical
Service

MASSACHUSETTS INSTITUTE OF TECHNOLOGY
MEDICAL DEPARTMENT
77 MASSACHUSETTS AVENUE, 20B-238
CAMBRIDGE, MASSACHUSETTS 02139-4307



RADIATION PROTECTION OFFICE

To : Susumu Tonegawa, Professor of Biology
From : Donald Haes, R.P.O., 20C-207
Subject : Expiration of Authorization CCR-M-4
Date : July 21, 1993

A handwritten signature in dark ink, appearing to be "D. Haes", written over the "Subject" line of the letterhead.

The above referenced authorization to use and possess radioactive material is due for renewal. If you wish to continue work approved under this authorization, a complete review of the terms and conditions of authorization is required. This review is in accordance with M.I.T.'s Nuclear Regulatory Commission License. The M.I.T. Radiation Protection Committee serves as the approval authority. To expedite this process, a copy of your current authorization which lists radioactive material possession limits and names of registered radiation workers has been enclosed. **Please review this information and complete a new authorization form (RP-01, enclosed) with any necessary changes included.**

In addition to this review, radiation safety training of all radiation workers must be updated periodically. This is usually accomplished by the Radiation Protection Office in conjunction with the renewal process. The training update can be accomplished during a regular group meeting, and usually lasts about 30 minutes. This also provides your group time to ask questions concerning radiation protection matters.

You may contact me at X3-2180 with a time in which this requirement may be fulfilled. Your prompt attention to this matter will allow your authorization to use and possess radioactive material to be uninterrupted.

7/81

Authorization No CCR-M-4

Expiration Date 12/31/92

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

APPLICATION FOR AUTHORIZATION TO POSSESS AND USE RADIOACTIVE MATERIAL

INSTRUCTIONS: Complete Section I in triplicate and forward to the Radiation Protection Office, Room 20B-238. When approved, a copy of the application, with a designated Authorization number, will be returned to the Project Supervisor. To place a purchase order, submit to your purchasing agency a purchase requisition on which is stated "Radioactive Material" and the designated Authorization number.

SECTION I

1. Identification of persons (a) who will use and (b) who will supervise use of radioactive material

(a) Name of person(s) who will use the material: (List principal user first)

Name	Department	M.I.T. Title	Room No.	Tel. No.
See Attached				

(b) Name of person who will supervise the use of the material:

Name	Department	M.I.T. Title	Room No.	Tel. No.
Tonegawa, S.	CCR	(P.I.) Prof., Biology	E17-353	6459

2. Rooms where the material will be handled:

(a) Material stored in E17-347

(b) Material used in E17-347, 342, 346, 350, 315, 357, 360, 345, 344

3. Description of material to be procured:

Radio nuclide	Amount of Activity		Chemical and physical form of material to be procured	Comments
	To be possessed*	In use per exp		
^{32}P	40 mCi	1 mCi	Nucleoside phosphate	Soln.
^{125}I	80 mCi	4-6 mCi	NaI	"
^3H	20 mCi	2 mCi	Nucleotides, Nucleosides, Amino Acids	"
^{35}S	60 mCi	10 mCi	Nucleotides, amino acids	"
^{14}C	1 mCi	100 uCi	amino acids, chloramphenicol	"
^{51}Cr	15 mCi	2 mCi	Sodium Chromate	"

*Maximum amount to be possessed by project at any one time

4. Is any of the radioactive material used as a label for potentially biohazardous material, toxic chemicals, or carcinogenic/mutagenic material? Yes _____ No x If answer is "yes," explain on a supplementary page.

5. To be procured from: M.I.T. Reactor _____ Commercial Supplier x Other _____

6. Type of investigation for which the material will be used: biochemical

<u>AE</u>	<u>DEPARTMENT</u>	<u>M.I.T. TITLE</u>	<u>ROOM #</u>	<u>TEL. #</u>
Carol Browne	CCR	Technician	E17-350B	x6522
Yoshi Ichikawa	CCR	research Scientist	E17-350C	"
Alcino Silva	CCR	Post Doc	E17-350D	"
Asa Abelliovich	CCR	Grad Stud.	E17-350E	"
Dietmar Kappes	CCR	Post Doc	E17-346A	x7406
Pablo Pereira	CCR	Post Doc	E17-346B	"
Peter Mombaerts	CCR	Grad Stud	E17-346C	"
David Gerber	CCR	Grad Stud	E17-346D	"
John McMaster	CCR	Technican	E17-342A	x6239
Min Wu	CCR	Post Doc	E17-342B	"
Kumiko Nagashima	CCR	Technician	E17-342C	"
Ming Xu	CCR	Post Doc	E17-342D	"
Luc Van Kaer	CCR	Post Doc	E17-342E	"
Sang Hwu	CCR	Technician	E17-342F	"
Philip Ashton-Rickardt		Post Doc	E17-347A	
Michele Maxwell ✓	CCR	Technician	E17-347B	
Kunio Sano	CCR	Research Scientist	E17-347C	
Juan Lafaille	CCR	Post Doc	E17-360A	x6551
Hiromichi Ishikawa	CCR	Research Scientist	E17-360B	"
Lie-Ping Li	CCR	Technician	E17-357A	"
Shige Itohara	CCR	Post Doc	E17-357B	"
Lili Wang	CCR	Research Asst.	E17-325	"
ATSU AIBA	CCR	Post Doc	E17-357	"
	CCR	Research Asst	E17-348	6426
HAYDON PROSSER	CCR	Post Doc	E17-347C	6439
SHGERU MORIWAKI	CCR	Visiting Sci.	E17-350	6522
YUBING LI	CCR	Res Assoc	E17-347	8762
MARTA KASTNER	CCR	Lab Tech.	E17-335	
Shu Ying Huang	CCR	Technician	E17-350	x6522
JOHN IACOMINI	CCR	Post Doc.	E17-353	x6551
Hissa Martien Van Danten	CCR	Assoc. Reseander	E17-342	x6439
VERONICA COELHO	CCR	Visiting Sci.	E17-342	x6439
BOBBY KORN	CCR	UROR	E17-342	
M. Satoke				
E. Ebrulidze			E17-342	x6522
Amen Feinberg	CCR	Post Doc	E17-348	x6439
Brenda Williams	"	Reserch Tech	E17-358	x6551
Kather Hinds	"	Post Doc		
Takauji Iwasato	"		E17-347	3-8762
Joseph Relaneg	"	Grad Student	E17-346	3-7406
Kereth Poss	"	"		

Principal procedures involved in the use of the material: Include procedures important to the consideration of contamination control, such as: evaporation, transfer of powder, etc.

Nu-clides	Activity mCi	Room Used	Exhaust Ventilation Used	Procedure description
				A small fraction of total amounts stored will be used in each.
^{32}P	1 mCi	E17-342	Fume hoods	Nucleotide Seq. involves transfer of liquids using disposable pipets.
^{32}P	1 mCi	E17-342	Fume hoods	Labeling of biochemical materials-Column chromatography all using disposable pipets.
^{32}P	1 mCi	E17-342		Electrophoresis of labeled biochemical material
		350, 346, 347		
	10 uCi	E17-347		Measurement of radioactivity by liquid scintillation counting.
^{125}I	4-6 mCi	E17-315	Fume hood	Labeling of nucleic acids and proteins
^3H	2 mCi	E17-342		" "
^{35}S	10 mCi	E17-342, 350		" "
^{51}Cr	500 uCi	E17-324	Yes	Chromium release assays
^{14}C	10 uCi	E17-357	No	CAT assays
^{32}P	5 uCi	E17-344		random Priming reaction

If item 7 is continued on a supplementary page, check here ____

8. Radiation protection: Check special equipment that will be used to control external and internal radiation exposure. (If item 8 is continued on a supplementary page, check here: ____.)

<input type="checkbox"/> Glove-box	<input checked="" type="checkbox"/> Transportation container	<input checked="" type="checkbox"/> Scintillation-Survey Meter
<input checked="" type="checkbox"/> Fume hood	<input checked="" type="checkbox"/> Protective gloves	<input checked="" type="checkbox"/> G.M. Survey Meter
<input checked="" type="checkbox"/> Shielding	<input checked="" type="checkbox"/> Lab-coat	<input type="checkbox"/> Ion-chamber Survey Meter
<input type="checkbox"/> Handling tongs	<input type="checkbox"/> Shoe covers	<input type="checkbox"/> Dosimeter
<input type="checkbox"/> Shielded storage container	<input type="checkbox"/> Trays	<input type="checkbox"/> Monitoring
<input checked="" type="checkbox"/> Radiation signs and labels	<input checked="" type="checkbox"/> Mechanical pipette	<input checked="" type="checkbox"/> Badges
		Body <input checked="" type="checkbox"/>
		Wrist ____
		Finger <input checked="" type="checkbox"/>

9. Radioactive-waste disposal:

Type of Waste

Method of Disposal

Solid

Into RPO collection container in room # E17-342, 346, 347, 350, 357, 315

Liquid

Into RPO collection container in room # 342, 347
Into sink of room # 342, 346, 350, 347, 357

Scintillation Fluid

Into RPO collection container in room # 347

Animal tissue

To be stored (for RPO collection) in freezer in room N/A

Special waste*

Describe on attached sheet (check) N/A

*Waste in form of gas, pyrophoric or pathogenic material are to be considered special wastes.

10. Name of person completing items 1 through 9

11. Project Supervisor's approval (Signature)



Date 3/8/91

Project Supervisor's name (Please Print)

SUSUMU TONEGAWA

ION II (This section to be completed by the Radiation Protection Office.)

Comments relating to the application:

1. This authorization supercedes authorization CCR-M-3.
2. While E17-347 is under construction, the lab will use E17-326, 324, 323B. They are temporarily registered as low level laboratories.
3. Low level laboratories registered to the project are: E17-346, 347, 345, 350, 357, and 360.
Medium level laboratories registered to the project are: E17-342.

B. Following are the specific conditions of approval concerning work with radioactive materials under this authorization:

1. All protein iodinations will be performed in room E17-315. Stock solution of radioiodine will be stored in the shielded area in the hood in E17-315 or in the refrigerator in E17-315.
2. All persons using the E17-315 iodination facilities will follow the guidelines in the attached supplemental sheet.
3. If R.P.O. monitoring of stack discharges for radioiodine show results which exceed 10% of the values specified in Appendix B, Table III, 10CFR20, averaged over a 168-hour period, appropriate controls will be implemented by the project to reduce the concentration to as low as reasonably possible.
4. All persons handling > 100 uCi of unsealed radioiodine, including persons involved in the iodination procedure are required to report to the Radiation Protection Office for a thyroid burden measurement within one week after using the material. Projects not in compliance will be restricted from future use of ^{125}I .
5. Persons handling millicurie quantities of ^{32}P will use plexiglass shielding and/or handling tools to minimize radiation exposures.
6. All ^{32}P contaminated solid waste will be segregated and held for decay storage.

C. This application is approved with the following general conditions:

1. The proposed work with radioactive material shall be performed in the manner specified in Sections I and II-B,C,D. There shall be no changes in the approved procedures without the prior approval of the Radiation Protection Committee. The Radiation Protection Office shall be notified prior to a change in place of use or storage of radioactive material.
2. The use, storage and disposal of the radioactive material shall be in conformity with (a) the provisions of the Code of Federal Regulations Title 10, Part 20 "Standards for Protection Against Radiation" and (b) the provisions of "M.I.T. Required Procedures for Radiation Protection."

RP-34
Rev. 12/81

M.I.T. RADIATION PROTECTION OFFICE
RADIOISOTOPE LABORATORY INFORMATION

Room# E17-342 Supervisor TONEGAWA Dept. CCR

Person in charge of laboratory safety C. Browne Ext. 3-6522

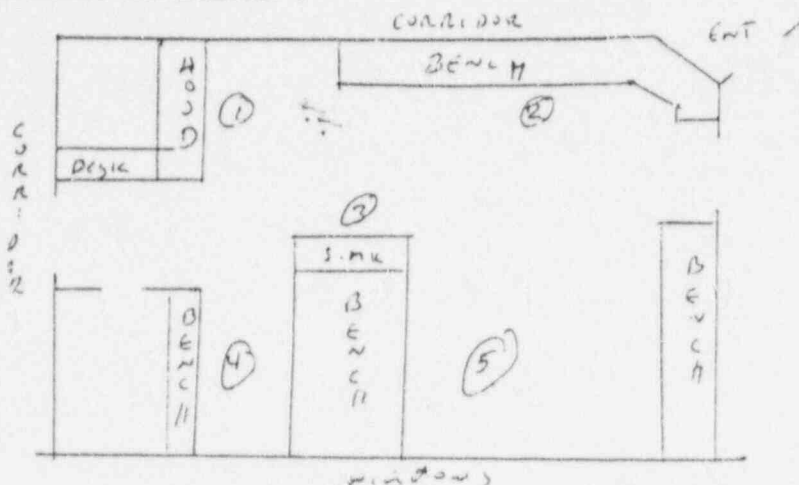
Laboratory Classification Medium Level

Authoriza- tion #	Starting Date	Possession Limits		Comments
		Nuclide	Amount	
CCR-m-4	1/91	^{32}P	40mCi	indications in E17-329 Term. 10/93
		^{125}I	80mCi	
		^3H	20mCi	
		^{35}S	60mCi	
		^{14}C	1mCi	
		^{51}Cr	15mCi	
CCR-m-5	10/93	^{32}P	40mCi	indications in E17-329
		^{125}I	80mCi	
		^3H	20mCi	
		^{35}S	60mCi	
		^{14}C	1mCi	
		^{51}Cr	15mCi	

M.I.T. RADIATION PROTECTION OFFICE

RADIATION SURVEY RECORDRoom # E17-342 Department C.C.R.Laboratory Classification Medium Level Results Recorded WeeklyRadiation Measurements : Unless otherwise specified, measurements recorded are in
mrad/hr at 3 ft. above floor.

Floor Plan and Measurement Locations :

Laboratory's Survey Meters : End window G.M. + NaI

Authorized Radionuclides, Amounts, and Notes :

^{32}P	40mCi
^{125}I	30mCi
^{32}S	20mCi
^{35}S	60mCi
^{14}C	1mCi
^{51}Cr	15mCi

M.I.T. RADIATION PROTECTION OFFICE
RADIATION SURVEY RECORD

E17342									Measurement Locations and Results *									Measurement Locations and Results *								
Date	1	2	3	4	5	6	WC	LSM	Date	1	2	3	4	5	6	WC	LSM									
3.22.95	✓	✓	✓	✓	✓	✓	✓	✓	9.20.95	✓	✓	✓	✓	✓	✓	✓	✓									
3.30.95	✓	✓	✓	✓	✓	✓	✓	✓	9.29.95	✓	✓	✓	✓	✓	✓	✓	✓									
4.6.95	✓	✓	✓	✓	✓	✓	✓	✓	10.2.95	✓	✓	✓	✓	✓	✓	✓	✓									
4.10.95	✓	✓	✓	✓	✓	✓	✓	✓																		
4.18.95	✓	✓	✓	✓	✓	✓	✓	✓																		
4.24.95	✓	✓	✓	✓	✓	✓	✓	✓																		
5.2.95	✓	✓	✓	✓	✓	✓	✓	✓																		
5.11.95	✓	✓	✓	✓	✓	✓	✓	✓																		
5.18.95	✓	✓	✓	✓	✓	✓	✓	✓																		
5.26.95	✓	✓	✓	✓	✓	✓	✓	✓																		
5.30.95	✓	✓	✓	✓	✓	✓	✓	✓																		
6.5.95	✓	✓	✓	✓	✓	✓	✓	✓																		
6.13.95	✓	✓	✓	✓	✓	✓	✓	✓																		
6.22.95	✓	✓	✓	✓	✓	✓	✓	✓																		
6.27.95	✓	✓	✓	✓	✓	✓	✓	✓																		
7.7.95	✓	✓	✓	✓	✓	✓	✓	✓																		
7.11.95	✓	✓	✓	✓	✓	✓	✓	✓																		
7.17.95	✓	✓	✓	✓	✓	✓	✓	✓																		
7.24.95	✓	✓	✓	✓	✓	✓	✓	✓																		
8.2.95	✓	✓	✓	✓	✓	✓	✓	✓																		
8.8.95	✓	✓	✓	✓	✓	✓	✓	✓																		
8.18.95	✓	✓	✓	✓	✓	✓	✓	✓																		
8.24.95	✓	✓	✓	✓	✓	✓	✓	✓																		
8.30.95	✓	✓	✓	✓	✓	✓	✓	✓																		
9.6.95	✓	✓	✓	✓	✓	✓	✓	✓																		
9.12.95	✓	✓	✓	✓	✓	✓	✓	✓																		

* A check (✓) designates an instrument reading of less than 0.5 mrad/hr.
WC = "Waste Container". A check (✓) indicates less than 0.5 mrad/hr at 1 foot.
LSM = "Laboratory Survey Meter". A check (✓) indicates instruments are operating properly.

Surveyor's Signature

M.I.T. RADIATION PROTECTION OFFICE

Radiation Survey Record

E17-342 Measurement Locations and Results *										Measurement Locations and Results *									
Date	1	2	3	4	5	6	WC	LSM		Date	1	2	3	4	5	6	WC	LSM	
1-3-94	✓	✓	✓	✓	✓		✓	✓		8-14-94	✓	✓	✓	✓	✓		✓	NA	
1-11-94	✓	✓	✓	✓	✓		✓	✓		8-23-94	✓	✓	✓	✓	✓		✓	NA	
1-18-94	✓	✓	✓	✓	✓		✓	✓		8-30-94	✓	✓	✓	✓	✓		✓	NA	
1-25-94	✓	✓	✓	✓	✓		✓	✓		9-6-94	✓	✓	✓	✓	✓		✓	✓	
2-3-94	✓	✓	✓	✓	✓		✓	✓		9-15-94	✓	✓	✓	✓	✓		✓	NA	
2-7-94	✓	✓	✓	✓	✓		✓	✓		9-19-94	✓	✓	✓	✓	✓		✓	NA	
2-14-94	✓	✓	✓	✓	✓		✓	✓		9-26-94	✓	✓	✓	✓	✓		✓	✓	
2-22-94	✓	✓	✓	✓	✓		✓	✓		10-6-94	✓	✓	✓	✓	✓		✓	✓	
2-28-94	✓	✓	✓	✓	✓		✓	✓		10-12-94	✓	✓	✓	✓	✓		✓	NA	
3-3-94	✓	✓	✓	✓	✓		✓	✓											
3-17-94	✓	✓	✓	✓	✓		✓	✓											
3-22-94	✓	✓	✓	✓	✓		✓	✓											
3-31-94	✓	✓	✓	✓	✓		✓	✓											
4-6-94	✓	✓	✓	✓	✓		✓	✓		11-10-94	✓	✓	✓	✓	✓		✓	NA	
4-12-94	✓	✓	✓	✓	✓		✓	✓		11-16-94	✓	✓	✓	✓	✓		✓	NA	
4-19-94	✓	✓	✓	✓	✓		✓	✓		11-21-94	✓	✓	✓	✓	✓		✓	NA	
4-21-94	✓	✓	✓	✓	✓		✓	✓		12-2-94	✓	✓	✓	✓	✓		✓	NA	
5-3-94	✓	✓	✓	✓	✓		✓	✓		12-6-94	✓	✓	✓	✓	✓		✓	NA	
5-10-94	✓	✓	✓	✓	✓		✓	✓		12-12-94	✓	✓	✓	✓	✓		✓	NA	
5-16-94	✓	✓	✓	✓	✓		✓	✓		12-20-94	✓	✓	✓	✓	✓		✓	NA	
5-24-94	✓	✓	✓	✓	✓		✓	✓		12-28-94	✓	✓	✓	✓	✓		✓	NA	
5-30-94	✓	✓	✓	✓	✓		✓	✓		1-4-95	✓	✓	✓	✓	✓		✓	NA	
6-7-94	✓	✓	✓	✓	✓		✓	✓		1-10-95	✓	✓	✓	✓	✓		✓	NA	
6-14-94	✓	✓	✓	✓	✓		✓	✓		1-18-95	✓	✓	✓	✓	✓		✓	NA	
6-21-94	✓	✓	✓	✓	✓		✓	✓		1-25-95	✓	✓	✓	✓	✓		✓	NA	
6-27-94	✓	✓	✓	✓	✓		✓	✓		2-1-95	✓	✓	✓	✓	✓		✓	NA	
7-7-94	✓	✓	✓	✓	✓		✓	✓		2-9-95	✓	✓	✓	✓	✓		✓	NA	
7-12-94	✓	✓	✓	✓	✓		✓	✓		2-13-95	✓	✓	✓	✓	✓		✓	NA	
7-18-94	✓	✓	✓	✓	✓		✓	✓		2-23-95	✓	✓	✓	✓	✓		✓	NA	
7-24-94	✓	✓	✓	✓	✓		✓	✓		3-1-95	✓	✓	✓	✓	✓		✓	NA	
8-2-94	✓	✓	✓	✓	✓		✓	✓		3-3-95	✓	✓	✓	✓	✓		✓	NA	
8-9-94	✓	✓	✓	✓	✓		✓	NA		3-14-95	✓	✓	✓	✓	✓		✓	NA	

* A check designates an instrument reading of less than 0.5 mrad/hr.
 WC = "Waste Container". A check indicates less than 0.5 mrad/hr at 1 foot.
 LSM = "Laboratory Survey Meter". A check indicates instruments are operating properly.

R. Baynes

Supervisor's Signature

M.I.T. RADIATION PROTECTION OFFICE

RADIATION SURVEY RECORD

Measurement Locations and Results *									Measurement Locations and Results *								
Date	1	2	3	4	5	6	WC	LSM	Date	1	2	3	4	5	6	WC	LSM
6-17-92	✓	✓	✓	✓	✓		✓	✓	7-6-93	✓	✓	✓	✓	✓		✓	✓
1-5-93	✓	✓	✓	✓	✓		✓	✓	7-15-93	✓	✓	✓	✓	✓		✓	✓
1-12-93	✓	✓	✓	✓	✓		✓	✓	7-19-93	✓	✓	✓	✓	✓		✓	✓
1-20-93	✓	✓	✓	✓	✓		✓	✓	7-26-93	✓	✓	✓	✓	✓		✓	✓
1-25-93	✓	✓	✓	✓	✓		✓	✓	8-4-93	✓	✓	✓	✓	✓		✓	✓
2-2-93	✓	✓	✓	✓	✓		✓	✓	8-10-93	✓	✓	✓	✓	✓		✓	✓
2-11-93	✓	✓	✓	✓	✓		✓	✓	8-19-93	✓	✓	✓	✓	✓		✓	✓
2-16-93	✓	✓	✓	✓	✓		✓	✓	8-23-93	✓	✓	✓	✓	✓		✓	✓
2-23-93	✓	✓	✓	✓	✓		✓	✓	9-1-93	✓	✓	✓	✓	✓		✓	✓
3-2-93	✓	✓	✓	✓	✓		✓	✓	9-8-93	✓	✓	✓	✓	✓		✓	✓
3-9-93	✓	✓	✓	✓	✓		✓	✓	9-17-93	✓	✓	✓	✓	✓		✓	✓
3-16-93	✓	✓	✓	✓	✓		✓	✓	9-21-93	✓	✓	✓	✓	✓		✓	✓
3-23-93	✓	✓	✓	✓	✓		✓	✓	9-28-93	✓	✓	✓	✓	✓		✓	✓
3-24-93	✓	✓	✓	✓	✓		✓	✓	10-7-93	✓	✓	✓	✓	✓		✓	✓
4-6-93	✓	✓	✓	✓	✓		✓	✓	10-13-93	✓	✓	✓	✓	✓		✓	✓
4-13-93	✓	✓	✓	✓	✓		✓	✓	10-20-93	✓	✓	✓	✓	✓		✓	✓
4-20-93	✓	✓	✓	✓	✓		✓	✓	10-25-93	✓	✓	✓	✓	✓		✓	✓
4-27-93	✓	✓	✓	✓	✓		✓	✓	11-2-93	✓	✓	✓	✓	✓		✓	✓
5-6-93	✓	✓	✓	✓	✓		✓	✓	11-9-93	✓	✓	✓	✓	✓		✓	✓
5-12-93	✓	✓	✓	✓	✓		✓	✓	11-17-93	✓	✓	✓	✓	✓		✓	✓
5-18-93	✓	✓	✓	✓	✓		✓	✓	11-23-93	✓	✓	✓	✓	✓		✓	✓
5-25-93	✓	✓	✓	✓	✓		✓	✓	12-1-93	✓	✓	✓	✓	✓		✓	✓
6-2-93	✓	✓	✓	✓	✓		✓	✓	12-7-93	✓	✓	✓	✓	✓		✓	✓
6-9-93	✓	✓	✓	✓	✓		✓	✓	12-14-93	✓	✓	✓	✓	✓		✓	✓
6-16-93	✓	✓	✓	✓	✓		✓	✓	12-21-93	✓	✓	✓	✓	✓		✓	✓
6-23-93	✓	✓	✓	✓	✓		✓	✓	12-27-93	✓	✓	✓	✓	✓		✓	✓
6-30-93	✓	✓	✓	✓	✓		✓	✓									

* A check (✓) designates an instrument reading of less than 0.5 mrad/hr.
WC = "Waste Container". A check (✓) indicates less than 0.5 mrad/hr at 1 foot.
LSM = "Laboratory Survey Meter". A check (✓) indicates instruments are operating properly.

R. Burgess
Surveyor's Signature

RP-34
Rev. 12/81

M.I.T. RADIATION PROTECTION OFFICE
RADIOISOTOPE LABORATORY INFORMATION

om# 617-345

Supervisor TONEGAWA

Dept. CCR

Person in charge of laboratory safety C. BROWN

Ext. 7-65-22

Laboratory Classification Low Level

Authoriza- tion #	Starting Date	Possession Limits		Comments
		Nuclide	Amount	
CLR-m-4	1/91	^{32}P	40mL	COLD ROOM Term 12/93
		^{125}I	80mL	
		^3H	20mL	
		^{35}S	60mL	
		^{14}C	1mL	
		^{51}Cr	15mL	
CLR-m-5	10/93	^{32}P	40mL	COLD ROOM.
		^{125}I	80mL	
		^3H	20mL	
		^{35}S	60mL	
		^{14}C	1mL	
		^{51}Cr	15mL	

M.I.T. RADIATION PROTECTION OFFICE

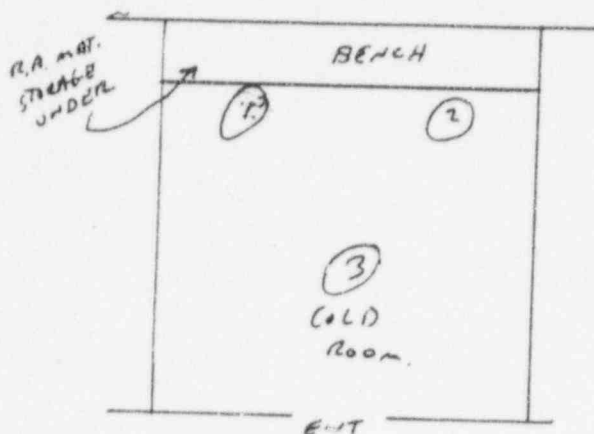
RADIATION SURVEY RECORD

Room # E12-345 Department C.C.R.

Laboratory Classification Low Level Results Recorded Monthly

Radiation Measurements : Unless otherwise specified, measurements recorded are in
mrad/hr at 3 ft. above floor.

Floor Plan and Measurement Locations :



Laboratory's Survey Meters :

Authorized Radionuclides, Amounts, and Notes :

Cold Room.

M.I.T. RADIATION PROTECTION OFFICE

RADIATION SURVEY RECORD

Measurement Locations and Results *										Measurement Locations and Results *									
E17-345																			
Date	1	2	3	4	5	6	WC	LSM		Date	1	2	3	4	5	6	WC	LSM	
1-9-92	✓	✓	✓				-	-		1-21-94	✓	✓	✓				NA	NA	
2-4-92	✓	✓	✓				-	-		2-16-94	✓	✓	✓				NA	NA	
3-4-92	✓	✓	✓				-	-		3-18-94	✓	✓	✓				NA	NA	
4-9-92	✓	✓	✓				-	-		4-13-94	✓	✓	✓				NA	NA	
5-7-92	✓	✓	✓				-	-		5-17-94	✓	✓	✓				NA	NA	
6-3-92	✓	✓	✓				-	-		6-8-94	✓	✓	✓				NA	NA	
7-1-92	✓	✓	✓				-	-		7-11-94	✓	✓	✓				NA	NA	
8-6-92	✓	✓	✓				-	-		8-9-94	✓	✓	✓				NA	NA	
9-10-92	✓	✓	✓				-	-		9-7-94	✓	✓	✓				NA	NA	
10-20-92	✓	✓	✓				-	-		10-12-94	✓	✓	✓				NA	NA	
11-11-92	✓	✓	✓				-	-		11-21-94	✓	✓	✓				NA	NA	
12-2-92	✓	✓	✓				-	-		12-20-94	✓	✓	✓				NA	NA	
										1-11-95	✓	✓	✓				NA	NA	
1-6-93	✓	✓	✓				NA	NA		2-15-95	✓	✓	✓				NA	NA	
2-11-93	✓	✓	✓				NA	NA		3-16-95	✓	✓	✓				NA	NA	
3-11-93	✓	✓	✓				NA	NA		4-17-95	✓	✓	✓				NA	NA	
4-14-93	✓	✓	✓				NA	NA		5-25-95	✓	✓	✓				NA	NA	
5-12-93	✓	✓	✓				NA	NA		6-14-95	✓	✓	✓				NA	NA	
6-23-93	✓	✓	✓				NA	NA		7-13-95	✓	✓	✓				NA	NA	
7-13-93	✓	✓	✓				NA	NA		8-22-95	✓	✓	✓				NA	NA	
8-10-93	✓	✓	✓				NA	NA		9-26-95	✓	✓	✓				NA	NA	
9-23-93	✓	✓	✓				NA	NA											
10-7-93	✓	✓	✓				NA	NA											
11-17-93	✓	✓	✓				NA	NA											
12-14-93	✓	✓	✓				NA	NA											

* A check (✓) designates an instrument reading of less than 0.5 mrad/hr.
WC = "Waste Container". A check (✓) indicates less than 0.5 mrad/hr at 1 foot.
LSM = "Laboratory Survey Meter". A check (✓) indicates instruments are operating properly.

R. Burgess

Surveyor's Signature

RP-34
Rev. 12/81

M.I.T. RADIATION PROTECTION OFFICE
RADIOISOTOPE LABORATORY INFORMATION

om# 617-346

Supervisor TONEGAWA

Dept. CLR

Person in charge of laboratory safety C. Browne

Ext. 3-6522

Laboratory Classification Low Level

Authoriza- tion #	Starting Date	Possession Limits		Comments
		Nuclide	Amount	
CLR-M-4	1/91	^{32}P	40mCi	Term 10/93
		^{125}I	80mCi	
		^3H	20mCi	
		^{35}S	60mCi	
		^{14}C	1mCi	
		^{51}Cr	15mCi	
CLR-M-5	10/93	^{32}P	40mCi	
		^{125}I	80mCi	
		^3H	20mCi	
		^{35}S	60mCi	
		^{14}C	1mCi	
		^{51}Cr	15mCi	

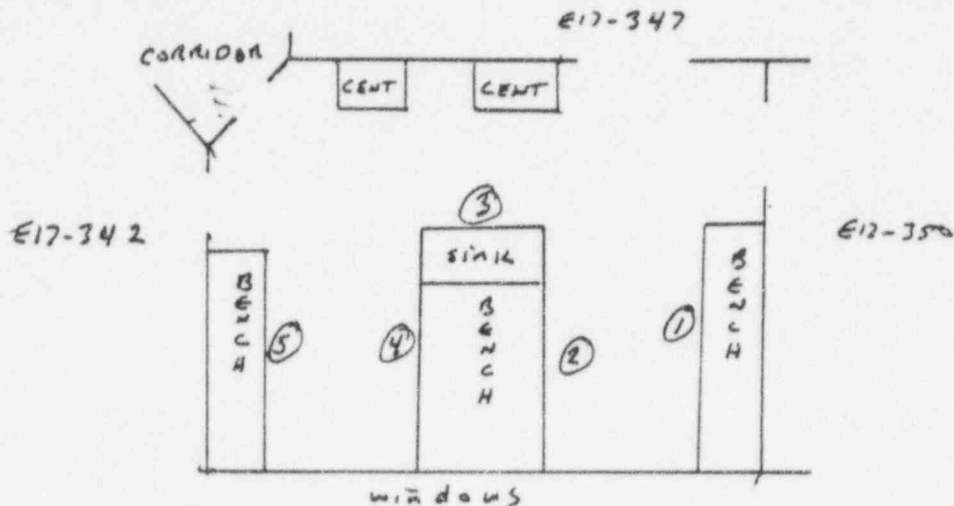
M.I.T. RADIATION PROTECTION OFFICE
RADIATION SURVEY RECORD

Room # E17-346 Department C.C.R.

Laboratory Classification Low Level Results Recorded Monthly

Radiation Measurements : Unless otherwise specified, measurements recorded are in
mrad/hr at 3 ft. above floor.

Floor Plan and Measurement Locations :



Laboratory's Survey Meters : End window G.M.

Authorized Radionuclides, Amounts, and Notes :

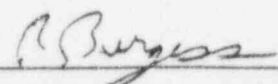
^{32}P	40mCi
^{125}I	30mCi
^{125}I	5mCi
^3H	20mCi
^{35}S	60mCi
^{14}C	1mCi
^{22}Na	1mCi
^{51}Cr	15mCi

M.I.T. RADIATION PROTECTION OFFICE

RADIATION SURVEY RECORD

Measurement Locations and Results *										Measurement Locations and Results *									
E17-344																			
Date	1	2	3	4	5	6	WC	LSM		Date	1	2	3	4	5	6	WC	LSM	
1-6-92	✓	✓	✓	✓	✓		✓	✓		1-21-94	✓	✓	✓	✓	✓		✓	✓	
2-4-92	✓	✓	✓	✓	✓		✓	✓		2-16-94	✓	✓	✓	✓	✓		✓	✓	
3-4-92	✓	✓	✓	✓	✓		✓	✓		3-18-94	✓	✓	✓	✓	✓		✓	✓	
4-9-92	✓	✓	✓	✓	✓		✓	✓		4-13-94	✓	✓	✓	✓	✓		✓	✓	
5-7-92	✓	✓	✓	✓	✓		✓	✓		5-17-94	✓	✓	✓	✓	✓		✓	✓	
6-3-92	✓	✓	✓	✓	✓		✓	✓		6-8-94	✓	✓	✓	✓	✓		✓	✓	
7-1-92	✓	✓	✓	✓	✓		✓	✓		7-11-94	✓	✓	✓	✓	✓		✓	✓	
8-6-92	✓	✓	✓	✓	✓		✓	✓		8-9-94	✓	✓	✓	✓	✓		✓	✓	
9-10-92	✓	✓	✓	✓	✓		✓	✓		9-7-94	✓	✓	✓	✓	✓		✓	✓	
10-20-92	✓	✓	✓	✓	✓		✓	✓		10-12-94	✓	✓	✓	✓	✓		✓	✓	
11-11-92	✓	✓	✓	✓	✓		✓	✓		11-21-94	✓	✓	✓	✓	✓		✓	✓	
12-2-92	✓	✓	✓	✓	✓		✓	✓		12-20-94	✓	✓	✓	✓	✓		✓	✓	
										1-11-95	✓	✓	✓	✓	✓		✓	✓	
1-6-93	✓	✓	✓	✓	✓		✓	✓		2-15-95	✓	✓	✓	✓	✓		✓	✓	
2-11-93	✓	✓	✓	✓	✓		✓	✓		3-16-95	✓	✓	✓	✓	✓		✓	✓	
3-11-93	✓	✓	✓	✓	✓		✓	✓		4-17-95	✓	✓	✓	✓	✓		✓	✓	
4-14-93	✓	✓	✓	✓	✓		✓	✓		5-25-95	✓	✓	✓	✓	✓		✓	✓	
5-12-93	✓	✓	✓	✓	✓		✓	✓		6-14-95	✓	✓	✓	✓	✓		✓	✓	
6-23-93	✓	✓	✓	✓	✓		✓	✓		7-13-95	✓	✓	✓	✓	✓		✓	✓	
7-13-93	✓	✓	✓	✓	✓		✓	✓		8-22-95	✓	✓	✓	✓	✓		✓	✓	
8-10-93	✓	✓	✓	✓	✓		✓	✓		9-26-95	✓	✓	✓	✓	✓		✓	✓	
9-23-93	✓	✓	✓	✓	✓		✓	✓											
10-7-93	✓	✓	✓	✓	✓		✓	✓											
11-17-93	✓	✓	✓	✓	✓		✓	✓											
12-16-93	✓	✓	✓	✓	✓		✓	✓											

* A check (✓) designates an instrument reading of less than 0.5 mrad/hr.
WC = "Waste Container". A check (✓) indicates less than 0.5 mrad/hr at 1 foot.
LSM = "Laboratory Survey Meter". A check (✓) indicates instruments are operating properly.


Surveyor's Signature

RP-34
Rev. 12/81

M.I.T. RADIATION PROTECTION OFFICE
RADIOISOTOPE LABORATORY INFORMATION

job # E17-347

Supervisor TONEGAWA

Dept. CCR

Person in charge of laboratory safety C. Brown

Ext. 3-6522

Laboratory Classification Low Level

Authorization #	Starting Date	Possession Limits		Comments
		Nuclide	Amount	
CCR-m-4	1/91	^{32}P	40mCi	Term 10/93
		^{125}I	80mCi	
		^{3}H	20mCi	
		^{35}S	60mCi	
		^{14}C	1mCi	
		^{51}Cr	15mCi	
CCR-m-5	10/93	^{32}P	40mCi	terminations in E17-324
		^{125}I	80mCi	
		^{3}H	20mCi	
		^{35}S	60mCi	
		^{14}C	1mCi	
		^{51}Cr	15mCi	
9-I-1	1/94	^{35}S	20mCi	

M.I.T. RADIATION PROTECTION OFFICE

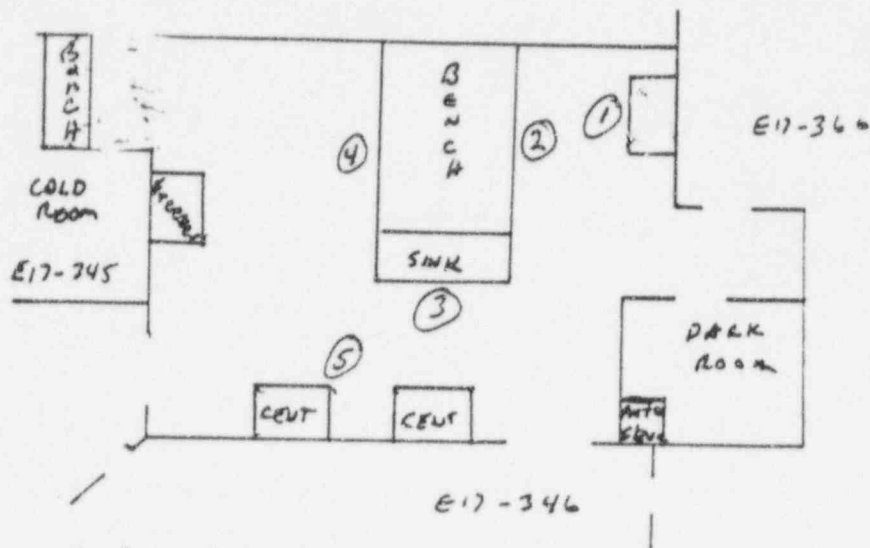
RADIATION SURVEY RECORD

Room # E17-347 Department C.C.R.

Laboratory Classification Low Level Results Recorded Monthly

Radiation Measurements : Unless otherwise specified, measurements recorded are in
mrad/hr at 3 ft. above floor.

Floor Plan and Measurement Locations :



Laboratory's Survey Meters : Endwindow G.M.

Authorized Radionuclides, Amounts, and Notes :

32P	40mCi
125I	30mCi
131I	5mCi
3H	20mCi
35S	50mCi
14C	1mCi
23Pu	5mCi
51Cr	15mCi

M.I.T. RADIATION PROTECTION OFFICE

RADIATION SURVEY RECORD

E12-347	Measurement Locations and Results *									Measurement Locations and Results *							
Date	1	2	3	4	5	6	WC	LSM	Date	1	2	3	4	5	6	WC	LSM
1-9-92	✓	✓	✓	✓	✓		✓	-	1-21-94	✓	✓	✓	✓	✓		✓	✓
2-4-92	✓	✓	✓	✓	✓		✓	-	2-14-94	✓	✓	✓	✓	✓		✓	✓
3-4-92	✓	✓	✓	✓	✓		✓	-	3-18-94	✓	✓	✓	✓	✓		✓	✓
4-9-92	✓	✓	✓	✓	✓		✓	✓	4-13-94	✓	✓	✓	✓	✓		✓	✓
5-7-92	✓	✓	✓	✓	✓		✓	✓	5-17-94	✓	✓	✓	✓	✓		✓	✓
6-3-92	✓	✓	✓	✓	✓		✓	✓	6-8-94	✓	✓	✓	✓	✓		✓	✓
7-1-92	✓	✓	✓	✓	✓		✓	✓	7-11-94	✓	✓	✓	✓	✓		✓	✓
8-6-92	✓	✓	✓	✓	✓		✓	✓	8-9-94	✓	✓	✓	✓	✓		✓	NA
9-10-92	✓	✓	✓	✓	✓		✓	-	9-7-94	✓	✓	✓	✓	✓		✓	NA
10-20-92	✓	✓	✓	✓	✓		✓	✓	10-12-94	✓	✓	✓	✓	✓		✓	NA
11-11-92	✓	✓	✓	✓	✓		✓	✓	11-21-94	✓	✓	✓	✓	✓		✓	NA
12-2-92	✓	✓	✓	✓	✓		✓	-	12-20-94	✓	✓	✓	✓	✓		✓	NA
									1-11-95	✓	✓	✓	✓	✓		✓	NA
1-6-93	✓	✓	✓	✓	✓		✓	NA	2-15-95	✓	✓	✓	✓	✓		✓	NA
2-11-93	✓	✓	✓	✓	✓		✓	-	3-16-95	✓	✓	✓	✓	✓		✓	NA
3-11-93	✓	✓	✓	✓	✓		✓	✓	4-17-95	✓	✓	✓	✓	✓		✓	NA
4-14-93	✓	✓	✓	✓	✓		✓	✓	5-25-95	✓	✓	✓	✓	✓		✓	NA
5-12-93	✓	✓	✓	✓	✓		✓	✓	6-14-95	✓	✓	✓	✓	✓		✓	NA
6-13-93	✓	✓	✓	✓	✓		✓	-	7-13-95	✓	✓	✓	✓	✓		✓	NA
7-13-93	✓	✓	✓	✓	✓		✓	-	8-22-95	✓	✓	✓	✓	✓		✓	NA
8-10-93	✓	✓	✓	✓	✓		✓	✓	9-26-95	✓	✓	✓	✓	✓		✓	NA
9-23-93	✓	✓	✓	✓	✓		✓	✓									
10-7-93	✓	✓	✓	✓	✓		✓	✓									
11-17-93	✓	✓	✓	✓	✓		✓	NA									
12-16-93	✓	✓	✓	✓	✓		✓	NA									

* A check (✓) designates an instrument reading of less than 0.5 mrad/hr.
WC = "Waste Container". A check (✓) indicates less than 0.5 mrad/hr at 1 foot.
LSM = "Laboratory Survey Meter". A check (✓) indicates instruments are operating properly.

Surveyor's Signature

RP-34
Rev. 12/81

M.I.T. RADIATION PROTECTION OFFICE
RADIOISOTOPE LABORATORY INFORMATION

Job# E17-350

Supervisor TOPEGAWA

Dept. CCR

Person in charge of laboratory safety C. BROWN

Ext. 7-6522

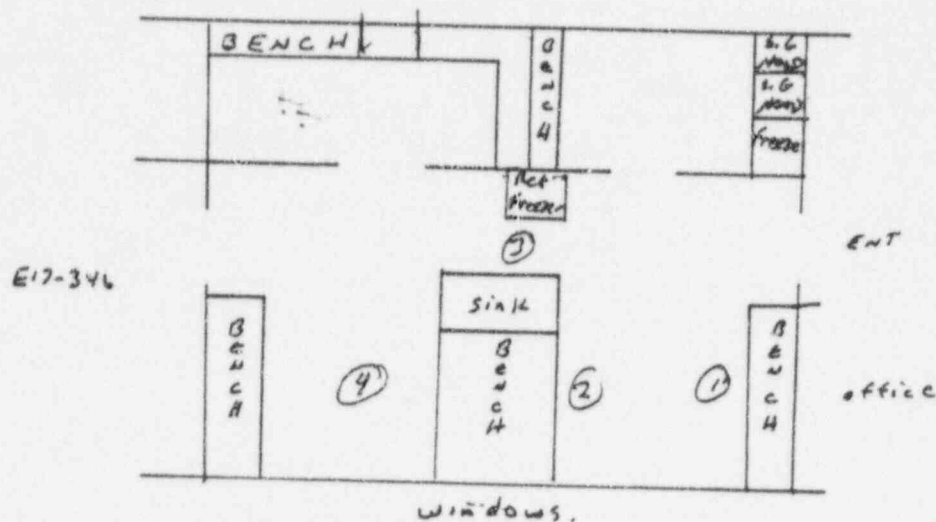
Laboratory Classification Low Level

Authoriza- tion #	Starting Date	Possession Limits		Comments
		Nuclide	Amount	
CCR-m-4	1/91	^{32}P	40mCi	Term 10/93
		^{125}I	80mCi	
		^3H	20mCi	
		^{35}S	60mCi	
		^{14}C	1mCi	
		^{51}Cr	15mCi	
CCR-m-5	10/93	^{32}P	40mCi	
		^{125}I	80mCi	
		^3H	20mCi	
		^{35}S	60mCi	
		^{14}C	1mCi	
		^{51}Cr	15mCi	

M.I.T. RADIATION PROTECTION OFFICE

RADIATION SURVEY RECORDRoom # E17-350 Department C.C.R.Laboratory Classification Low Level Results Recorded MonthlyRadiation Measurements : Unless otherwise specified, measurements recorded are in
mrad/hr at 3 ft. above floor.

Floor Plan and Measurement Locations :

Laboratory's Survey Meters : End window C.M.

Authorized Radionuclides, Amounts, and Notes :

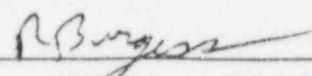
^{32}P	40mCi
^{125}I	30mCi
^{125}I	5mCi
^3H	20mCi
^{35}S	60mCi
^{14}C	1mCi
^{22}Na	1mCi
^{57}Co	15mCi

M.I.T. RADIATION PROTECTION OFFICE

RADIATION SURVEY RECORD

E17-35+	Measurement Locations and Results *								Date	Measurement Locations and Results *							
	1	2	3	4	5	6	WC	LSM		1	2	3	4	5	6	WC	LSM
1-9-92	✓	✓	✓	✓			✓	✓	1-21-94	✓	✓	✓	✓			✓	NA
2-4-92	✓	✓	✓	✓			✓	✓	2-16-94	✓	✓	✓	✓			✓	NA
3-4-92	✓	✓	✓	✓			✓	✓	3-18-94	✓	✓	✓	✓			✓	NA
4-9-92	✓	✓	✓	✓			✓	-	4-13-94	✓	✓	✓	✓			✓	NA
5-7-92	✓	✓	✓	✓			✓	✓	5-11-94	✓	✓	✓	✓			✓	NA
6-3-92	✓	✓	✓	✓			✓	✓	6-13-94	✓	✓	✓	✓			✓	✓
7-1-92	✓	✓	✓	✓			✓	NA	7-11-94	✓	✓	✓	✓			✓	✓
8-6-92	✓	✓	✓	✓			✓	-	8-9-94	✓	✓	✓	✓			✓	NA
9-10-92	✓	✓	✓	✓			✓	✓	9-2-94	✓	✓	✓	✓			✓	NA
10-20-92	✓	✓	✓	✓			✓	✓	10-12-94	✓	✓	✓	✓			✓	✓
11-11-92	✓	✓	✓	✓			✓	✓	11-21-94	✓	✓	✓	✓			✓	✓
12-2-92	✓	✓	✓	✓			✓	✓	12-20-94	✓	✓	✓	✓			✓	✓
									1-11-95	✓	✓	✓	✓			✓	✓
1-6-93	✓	✓	✓	✓			✓	✓	2-15-95	✓	✓	✓	✓			✓	✓
2-11-93	✓	✓	✓	✓			✓	✓	3-16-95	✓	✓	✓	✓			✓	✓
3-11-93	✓	✓	✓	✓			✓	✓	4-17-95	✓	✓	✓	✓			✓	✓
4-14-93	✓	✓	✓	✓			✓	✓	5-25-95	✓	✓	✓	✓			✓	✓
5-12-93	✓	✓	✓	✓			✓	✓	6-14-95	✓	✓	✓	✓			✓	✓
6-1-93	✓	✓	✓	✓			✓	✓	7-13-95	✓	✓	✓	✓			✓	✓
7-13-93	✓	✓	✓	✓			✓	✓	8-22-95	✓	✓	✓	✓			✓	✓
8-10-93	✓	✓	✓	✓			✓	✓	9-26-95	✓	✓	✓	✓			✓	✓
9-23-93	✓	✓	✓	✓			✓	✓									
10-7-93	✓	✓	✓	✓			✓	✓									
11-17-93	✓	✓	✓	✓			✓	NA									
12-16-93	✓	✓	✓	✓			✓	NA									

* A check (✓) designates an instrument reading of less than 0.5 mrad/hr.
WC = "Waste Container". A check (✓) indicates less than 0.5 mrad/hr at 1 foot.
LSM = "Laboratory Survey Meter". A check (✓) indicates instruments are operating properly.


Surveyor's Signature

RP-34
Rev. 12/81

M.I.T. RADIATION PROTECTION OFFICE
RADIOISOTOPE LABORATORY INFORMATION

job # C17-357, 357B

Supervisor TONEGAWA

Dept. CCR

Person in charge of laboratory safety TONEGAWA

Ext. 7-6459

Laboratory Classification LOW LEVEL

Authoriza- tion #	Starting Date	Possession Limits		Comments
		Nuclide	Amount	
CCR-m-4	1/91	^{32}P	42mCi	Term 10/93
		^{125}I	80mCi	
		^3H	20mCi	
		^{35}S	60mCi	
		^{14}C	1mCi	
		^{51}Cr	15mCi	
CCR-m-5	10/93	^{32}P	40mCi	
		^{125}I	80mCi	
		^3H	20mCi	
		^{35}S	60mCi	
		^{14}C	1mCi	
		^{51}Cr	15mCi	

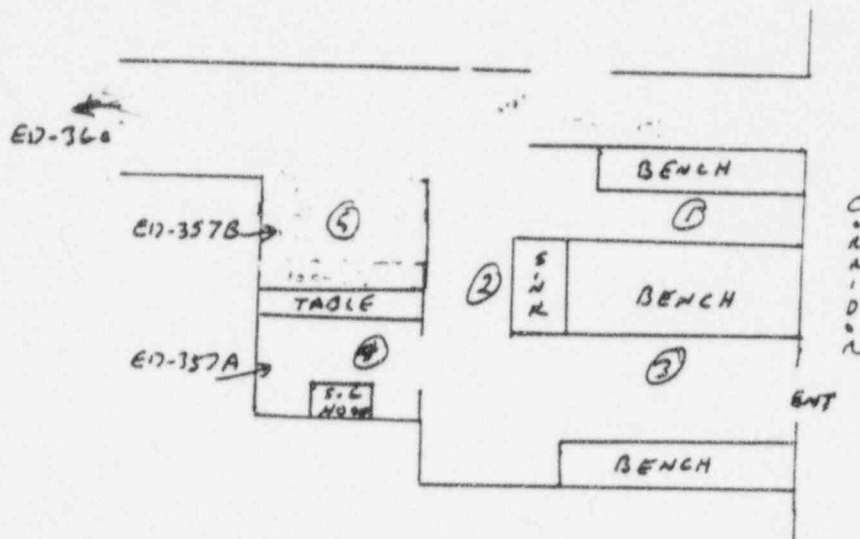
M.I.T. RADIATION PROTECTION OFFICE

RADIATION SURVEY RECORD

Room # E17-357 ^{352A} _{352B} Department C.C.R.Laboratory Classification Low Level Results Recorded Monthly

Radiation Measurements : Unless otherwise specified, measurements recorded are in mrad/hr at 3 ft. above floor.

Floor Plan and Measurement Locations :

Laboratory's Survey Meters : End window G.M.

Authorized Radionuclides, Amounts, and Notes :

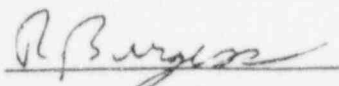
³² P	40mCi
¹²⁵ I	30mCi
¹³¹ I	1mCi
³ H	20mCi
³⁵ S	60mCi
¹⁴ C	1mCi
²² Na	1mCi
⁵¹ Cr	15mCi

M.I.T. RADIATION PROTECTION OFFICE

RADIATION SURVEY RECORD

3573 E17-357																			
Measurement Locations and Results *										Measurement Locations and Results *									
Date	1	2	3	4	5	6	WC	LSM		Date	1	2	3	4	5	6	WC	LSM	
1-4-92	✓	✓	✓	✓	✓		✓	✓	1-21-94	✓	✓	✓	✓	✓			✓	✓	
2-4-92	✓	✓	✓	✓	✓		✓	✓	2-10-94	✓	✓	✓	✓	✓			✓	✓	
3-4-92	✓	✓	✓	✓	✓		✓	✓	3-18-94	✓	✓	✓	✓	✓			✓	✓	
4-4-92	✓	✓	✓	✓	✓		✓	✓	4-13-94	✓	✓	✓	✓	✓			✓	✓	
5-2-92	✓	✓	✓	✓	✓		✓	✓	5-17-94	✓	✓	✓	✓	✓			✓	✓	
6-3-92	✓	✓	✓	✓	✓		✓	✓	6-8-94	✓	✓	✓	✓	✓			✓	✓	
7-1-92	✓	✓	✓	✓	✓		✓	✓	7-11-94	✓	✓	✓	✓	✓			✓	✓	
8-6-92	✓	✓	✓	✓	✓		✓	-	8-9-94	✓	✓	✓	✓	✓			✓	NA	
9-10-92	✓	✓	✓	✓	✓		✓	-	9-2-94	✓	✓	✓	✓	✓			✓	NA	
10-20-92	✓	✓	✓	✓	✓		✓	✓	10-12-94	✓	✓	✓	✓	✓			✓	✓	
11-11-92	✓	✓	✓	✓	✓		✓	✓	11-21-94	✓	✓	✓	✓	✓			✓	✓	
12-2-92	✓	✓	✓	✓	✓		✓	✓	12-20-94	✓	✓	✓	✓	✓			✓	✓	
									1-11-95	✓	✓	✓	✓	✓			✓	✓	
1-6-93	✓	✓	✓	✓	✓		✓	✓	2-15-95	✓	✓	✓	✓	✓			✓	✓	
2-11-93	✓	✓	✓	✓	✓		✓	✓	3-16-95	✓	✓	✓	✓	✓			✓	✓	
3-11-93	✓	✓	✓	✓	✓		✓	✓	4-17-95	✓	✓	✓	✓	✓			✓	✓	
4-14-93	✓	✓	✓	✓	✓		✓	✓	5-25-95	✓	✓	✓	✓	✓			✓	✓	
5-12-93	✓	✓	✓	✓	✓		✓	✓	6-14-95	✓	✓	✓	✓	✓			✓	✓	
6-17-93	✓	✓	✓	✓	✓		✓	✓	7-13-95	✓	✓	✓	✓	✓			✓	✓	
7-3-93	✓	✓	✓	✓	✓		✓	✓	8-22-95	✓	✓	✓	✓	✓			✓	✓	
8-10-93	✓	✓	✓	✓	✓		✓	✓	9-26-95	✓	✓	✓	✓	✓			✓	✓	
9-23-93	✓	✓	✓	✓	✓		✓	✓											
10-7-93	✓	✓	✓	✓	✓		✓	✓											
11-17-93	✓	✓	✓	✓	✓		✓	✓											
12-10-93	✓	✓	✓	✓	✓		✓	✓											

* A check (✓) designates an instrument reading of less than 0.5 mrad/hr.
WC = "Waste Container". A check (✓) indicates less than 0.5 mrad/hr at 1 foot.
LSM = "Laboratory Survey Meter". A check (✓) indicates instruments are operating properly.


Surveyor's Signature

KP-34
Rev. 12/81

M.I.T. RADIATION PROTECTION OFFICE
RADIOISOTOPE LABORATORY INFORMATION

ml 617-360

Supervisor TONEGAWA

Dept. CCR

Person in charge of laboratory safety C. Browne

Ext. 34522

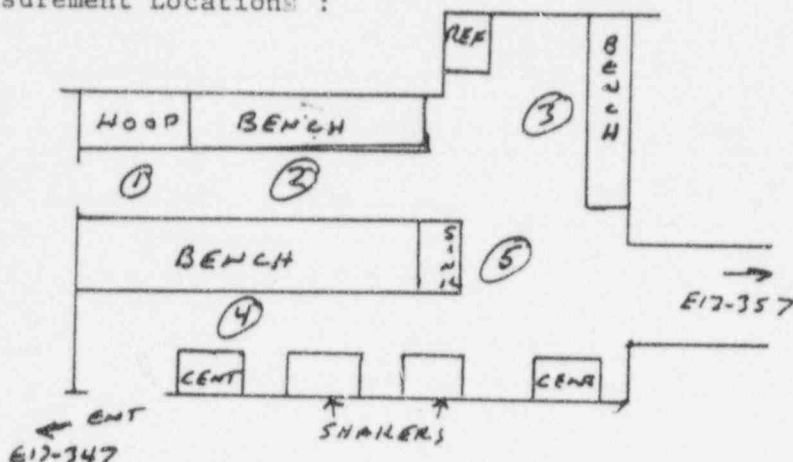
Laboratory Classification Low Level

Authoriza- tion #	Starting Date	Possession Limits		Comments
		Nuclide	Amount	
CCRm-4	1/91	^{32}P	40 mCi	Term 10/93
		^{125}I	80 mCi	
		^3H	20 mCi	
		^{35}S	60 mCi	
		^{14}C	1 mCi	
		^{51}Cr	15 mCi	
CCRm-5	10/93	^{32}P	40 mCi	
		^{125}I	80 mCi	
		^3H	20 mCi	
		^{35}S	60 mCi	
		^{14}C	1 mCi	
		^{51}Cr	15 mCi	

M.I.T. RADIATION PROTECTION OFFICE

RADIATION SURVEY RECORDRoom # E17-360 Department C.C.R.Laboratory Classification Low Level Results Recorded MonthlyRadiation Measurements : Unless otherwise specified, measurements recorded are in
mrad/hr at 3 ft. above floor.

Floor Plan and Measurement Locations :

Laboratory's Survey Meters : End window G.M.

Authorized Radionuclides, Amounts, and Notes :

^{32}P	40mCi
^{125}I	30mCi
^{125}I	5mCi
^{3}H	20mCi
^{35}S	60mCi
^{14}C	1mCi
^{22}Na	1mCi
^{51}Cr	15mCi

M.I.T. RADIATION PROTECTION OFFICE

RADIATION SURVEY RECORD

617-360																			
Measurement Locations and Results *										Measurement Locations and Results *									
Date	1	2	3	4	5	6	WC	LSM		Date	1	2	3	4	5	6	WC	LSM	
1-9-92	✓	✓	✓	✓	✓		✓	✓	1-21-94	✓	✓	✓	✓	✓			✓	✓	
2-4-92	✓	✓	✓	✓	✓		✓	✓	2-14-94	✓	✓	✓	✓	✓			✓	✓	
3-4-92	✓	✓	✓	✓	✓		✓	✓	3-18-94	✓	✓	✓	✓	✓			✓	✓	
4-9-92	✓	✓	✓	✓	✓		✓	✓	4-13-94	✓	✓	✓	✓	✓			✓	✓	
5-7-92	✓	✓	✓	✓	✓		✓	✓	5-17-94	✓	✓	✓	✓	✓			✓	✓	
6-3-92	✓	✓	✓	✓	✓		✓	✓	6-8-94	✓	✓	✓	✓	✓			✓	✓	
7-1-92	✓	✓	✓	✓	✓		✓	✓	7-11-94	✓	✓	✓	✓	✓			✓	✓	
8-6-92	✓	✓	✓	✓	✓		✓	✓	8-9-94	✓	✓	✓	✓	✓			✓	✓	
9-10-92	✓	✓	✓	✓	✓		✓	✓	9-7-94	✓	✓	✓	✓	✓			✓	✓	
10-20-92	✓	✓	✓	✓	✓		✓	✓	10-12-94	✓	✓	✓	✓	✓			✓	✓	
11-11-92	✓	✓	✓	✓	✓		✓	✓	11-21-94	✓	✓	✓	✓	✓			✓	✓	
12-2-92	✓	✓	✓	✓	✓		✓	✓	12-24-94	✓	✓	✓	✓	✓			✓	✓	
									1-11-95	✓	✓	✓	✓	✓			✓	✓	
1-6-93	✓	✓	✓	✓	✓		✓	✓	2-15-95	✓	✓	✓	✓	✓			✓	✓	
2-11-93	✓	✓	✓	✓	✓		✓	✓	3-16-95	✓	✓	✓	✓	✓			✓	✓	
3-11-93	✓	✓	✓	✓	✓		✓	✓	4-17-95	✓	✓	✓	✓	✓			✓	✓	
4-14-93	✓	✓	✓	✓	✓		✓	✓	5-25-95	✓	✓	✓	✓	✓			✓	✓	
5-12-93	✓	✓	✓	✓	✓		✓	✓	6-14-95	✓	✓	✓	✓	✓			✓	✓	
6-13-93	✓	✓	✓	✓	✓		✓	✓	7-13-95	✓	✓	✓	✓	✓			✓	✓	
7-13-93	✓	✓	✓	✓	✓		✓	✓	8-22-95	✓	✓	✓	✓	✓			✓	✓	
8-10-93	✓	✓	✓	✓	✓		✓	✓	9-26-95	✓	✓	✓	✓	✓			✓	✓	
9-23-93	✓	✓	✓	✓	✓		✓	✓											
10-7-93	✓	✓	✓	✓	✓		✓	✓											
11-17-93	✓	✓	✓	✓	✓		✓	✓											
12-14-93	✓	✓	✓	✓	✓		✓	✓											

* A check (✓) designates an instrument reading of less than 0.5 mrad/hr.
WC = "Waste Container". A check (✓) indicates less than 0.5 mrad/hr at 1 foot.
LSM = "Laboratory Survey Meter". A check (✓) indicates instruments are operating properly.

R. Burgess

Surveyor's Signature

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Rad-lation Levels	Contam-ination Survey	Evidence of Eating & Drink-ing	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
10.2.95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17358	✓	✓	✓	✓	✓	✓	
	E17359	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Smith

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiallon Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiallon Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
9.29.93	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert N/A. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Matthew C. Smith

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

Work Sheet For Radlallon Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Rad-lallon Levels	Contam-lallon Survey	Evidence of Eating & Drink-lng	Labcoats using Radlo-activity	Comments & Action Taken by Survey Technician
9.22.75	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
✓	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician
Copies given to:

Anthony C. Smith

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

KP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Lab coats using Radio-activity	Comments & Action Taken by Survey Technician
9-12-91	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiallon Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiallon Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radlo-activity	Comments & Action Taken by Survey Technician
9.6.95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Matthew C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
8.30.90	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Matthew C. Long

(Name of Staff Member & Technician)

NP-315
Rev. 11/90

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
8.24.95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓			
	E17238	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician
Copies given to:

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radlo-activity	Comments & Action Taken by Survey Technician
2, 18, 19, 20, 21, 22, 23	E17123	L	L	L	L	L	L	
	E17124	L	L	L	L	L	L	
	E17131	L	L	L	L	L	L	
	E17221	L	L	L	L	L	L	
	E17224	L	L	L	L	L	L	
	E17236	L	L	L	L	L	L	
	E17230A	L	L	L	L	L	L	
	E17236	L	L	L	L	L	L	
	E17326	L	L	L	L	L	L	
	E17329	L	L	L	L	L	L	
	E17336	L	L	L	L	L	L	
	E17337	L	L	L	L	L	L	
	E17338	L	L	L	L	L	L	
	E17339	L	L	L	L	L	L	
	E17342	L	L	L	L	L	L	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician Wally C. Long
Copies given to: _____
(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
8.8.95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Matthew C. Smith

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
8-2-95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

W. H. C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

WEEKLY

Survey Date	Re #	Waste Records	Instru- ment Check	Rad- iation Levels	Contam- ination Survey	Evidence of Eating & Drink- ing	Lab coats using Radio- activity	Comments & Action Taken by Survey Technician
7.24.94	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
5/17/95	E17123	✓	✓	✓	✓	✓	✓	
✓	E17124	✓	✓	✓	✓	✓	✓	
✓	E17131	✓	✓	✓	✓	✓	✓	
✓	E17221	✓	✓	✓	✓	✓	✓	
✓	E17224	✓	✓	✓	✓	✓	✓	
✓	E17236	✓	✓	✓	✓	✓	✓	
✓	E17236A	✓	✓	✓	✓	✓	✓	
✓	E17236	✓	✓	✓	✓	✓	✓	
✓	E17326	✓	✓	✓	✓	✓	✓	
✓	E17329	✓	✓	✓	✓	✓	✓	
✓	E17336	✓	✓	✓	✓	✓	✓	
✓	E17337	✓	✓	✓	✓	✓	✓	
✓	E17338	✓	✓	✓	✓	✓	✓	
✓	E17339	✓	✓	✓	✓	✓	✓	
✓	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook, in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Matthew C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Lab coats using Radio-activity	Comments & Action Taken by Survey Technician
7/11/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

W. C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
2.7.95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert N/A. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook, in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Matthew C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weather

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Lab coats using Radio-activity	Comments & Action Taken by Survey Technician
6-22-95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radialion Surveys

weekly

Survey Date	Room #	Waste Records	Instrument Check	Radialion Levels	Contamination Survey	Evidence of Eating & Drinking	Leakage Using Radlo-activity	Comments & Action Taken by Survey Technician
6-22-95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook, in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. King

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
6/13/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	?	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook, in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:



(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Survey

Weekly

Survey Date	Room #	Waste Records	Resident Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
6-5-95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the worksheet. Each Technician will keep the original copies in a loose leaf notebook, in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Matthew C. King

(Name of Staff Member & Technician)

RP-315
Rev. 11/90

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
5.26.98	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
5/30/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17236A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
5/30/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Walter C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
5/18/85	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook, in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Matthew C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315
Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Lab coats using Radio-activity	Comments & Action Taken by Survey Technician
5.11.91	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17236A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Barry C. Smith

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
5/2/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	In lab with juice can
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
4/24/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	NA	NA	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory. A copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Smith

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

NP-315
Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
4/18/85	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	NA	NA	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Long

(Name of Staff Member & Technician)

NP-315
Rev. 11/90

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
4/1/85	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17238	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	N.I.	NA	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
✓	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315
Rev. 11/90

Work Sheet For Radiation Surveys

weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
4/6/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	NA	NA	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Weekly

Work Sheet For Radiation Surveys

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
3/30/88	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17337	NA	NA	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook. In chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Smith

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
3/22/91	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
✓	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook, in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
3/14/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17238	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Singh

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
3/8/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook, in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Anthony C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
3/1/85	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	Change bench paper
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
✓	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. King

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315
Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
2/23/90	E17123		✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17238	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook, in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Wesley

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
2/13/91	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Wesley C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315
Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
2/9/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17236A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Matthew C. Long

Copies given to:

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Floor #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Lab coats using Radio-activity	Comments & Action Taken by Survey Technician
2/1/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	NA	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	NA	NA	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Harold C. Smith

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315
Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
11/25/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	NA	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	NA	NA	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Kurt C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315
Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
11/8/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	NA	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	NA	NA	✓	✓	✓	✓	
	E17338	✓	✓	✓	✓	✓	✓	
	E17339	✓	✓	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Matthew C. Smith

Copies given to:

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

SB

weekly

Work Sheet For Radiation Surveys

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
11/04/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
✓	E17342	✓	✓	✓	✓	✓	✓	Hot spot on Hood (15 m/hr to contact); cleaned area + notified workers

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet at the first page.

Signature of Survey Technician

Copies given to:

Keith C. King

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radlo-activity	Comments & Action Taken by Survey Technician
1/4/95	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17238	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

"If a heading is not applicable for the room, insert NA. A check mark (✓) is satisfactory. If unsatisfactory, specify under comments, & give the member and Technician responsible for those areas reported copy of the work sheet. Each Technician will keep the in a loose-leaf notebook; in chronological order, with the most as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Long

(Name of Staff Member & Technician)

RP-315
Rev. 11/90

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Lab coats using Radioactivity	Comments & Action Taken by Survey Technician
12/28/94	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17238	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	NA ✓	NA ✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
✓	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
12/20	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17236A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Rad-iation Levels	Contam-ination Survey	Evidence of Eating & Drink-ing	Labconits using Radio-activity	Comments & Action Taken by Survey Technician
12/26/4	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Keith C. Long

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Wetly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radlo-activity	Comments & Action Taken by Survey Technician
12/6/99	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Wally C. Long

(Name of Staff Member & Technician)

NP-315
Rev. 11/90

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
12/24/94	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
✓	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

(Name of Staff Member & Technician)

Handwritten signature: M. H. C. Singh

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Containment Survey	Evidence of Eating & Drinking	Lab coats using Radio-activity	Comments & Action Taken by Survey Technician
11/21/90	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17230	✓	✓	✓	✓	✓	✓	
	E17230A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Matthew C. King

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315

Rev. 11/90

Work Sheet For Radiation Surveys

Weekly

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Lab-coats using Radio-activity	Comments & Action Taken by Survey Technician
11/16/94	E17123	✓	✓	✓	✓	✓	✓	
	E17124	✓	✓	✓	✓	✓	✓	
	E17131	✓	✓	✓	✓	✓	✓	
	E17221	✓	✓	✓	✓	✓	✓	
	E17224	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	
	E17236A	✓	✓	✓	✓	✓	✓	
	E17236	✓	✓	✓	✓	✓	✓	that requested waste card to be filled out
	E17326	✓	✓	✓	✓	✓	✓	
	E17329	✓	✓	✓	✓	✓	✓	
	E17336	✓	✓	✓	✓	✓	✓	
	E17337	✓	✓	✓	✓	✓	✓	
	E17338	NA	NA	✓	✓	✓	✓	
	E17339	NA	NA	✓	✓	✓	✓	
	E17342	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet on the first page.

Signature of Survey Technician

Copies given to:

Keith C. Long

(Name of Staff Member & Technician)

Rev. 11/90

Work Sheet For Radiation Surveys

[illegible]

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

(Name of Staff Member & Technician)

RP-315
Rev. 11/90

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Monthly

OPT 8 B

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
9.22.91	E17314	✓	✓	✓	✓	✓	✓	
	E17323	✓	✓	✓	✓	✓	✓	
	E17324	✓	✓	✓	✓	✓	✓	
	E17325	✓	✓	✓	✓	✓	✓	
	E17330	✓	✓	✓	✓	✓	✓	
	E17348	✓	✓	✓	✓	✓	✓	
	E17345	✓	✓	✓	✓	✓	✓	
	E17346	✓	✓	✓	✓	✓	✓	
	E17347	✓	✓	✓	✓	✓	✓	
	E17350	✓	✓	✓	✓	✓	✓	
	E17357	✓	✓	✓	✓	✓	✓	
	E17357B	✓	✓	✓	✓	✓	✓	
✓	E17360	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician
Copies given to:

Staff Member & Technician

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Monthly

OCT 8 B

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
8, 21, 25	E17314	✓	✓	✓	✓	✓	✓	
	E17323	✓	✓	✓	✓	✓	✓	
	E17324	✓	✓	✓	✓	✓	✓	
	E17325	✓	✓	✓	✓	✓	✓	
	E17330	✓	✓	✓	✓	✓	✓	
	E17348	✓	✓	✓	✓	✓	✓	
	E17345	✓	✓	✓	✓	✓	✓	
	E17346	✓	✓	✓	✓	✓	✓	
	E17347	✓	✓	✓	✓	✓	✓	
	E17350	✓	✓	✓	✓	✓	✓	
	E17357	✓	✓	✓	✓	✓	✓	
	E17357B	✓	✓	✓	✓	✓	✓	
	E17360	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Monthly

DPT 8 B

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
7-20-95	E17314	✓	✓	✓	✓	✓	✓	
	E17323	✓	✓	✓		✓	✓	
	E17324	✓	✓	✓	✓	✓	✓	Radioactivity in cold trash.
	E17325	✓	✓	✓	✓	✓	✓	
	E17330	✓	✓	✓	✓	✓	✓	
	E17348	✓	✓	✓	✓	✓	✓	
	E17345	✓	✓	✓	✓	✓	✓	
	E17346	✓	✓	✓	✓	✓	✓	
	E17347	✓	✓	✓	✓	✓	✓	
	E17350	✓	✓	✓	✓	✓	✓	
	E17357	✓	✓	✓	✓	✓	✓	
	E17357B	✓	✓	✓	✓	✓	✓	
	E17360	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook, in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:



(Name of Staff Member & Technician)

RP-315

Rev. 11/90

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Monthly

APR 8 B

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
6-15	E17314	✓	✓	✓	✓	✓	✓	
	E17323	✓	✓	✓	✓	✓	✓	
	E17324	✓	✓	✓	✓	✓	✓	
	E17325	✓	✓	✓	✓	✓	✓	
	E17330	✓	✓	✓	✓	✓	✓	
	E17348	✓	✓	✓	✓	✓	✓	
	E17345	✓	✓	✓	✓	✓	✓	
	E17346	✓	✓	✓	✓	✓	✓	
	E17347	✓	✓	✓	✓	✓	✓	
	E17350	✓	✓	✓	✓	✓	✓	
	E17357	✓	✓	✓	✓	✓	✓	
	E17357B	✓	✓	✓	✓	✓	✓	
	E17360	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook, in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

Michael R. H.

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

RP-315
Rev. 11/90

Monthly
OCT 8 B

Work Sheet For Radiation Surveys

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radio-activity	Comments & Action Taken by Survey Technician
5-25-95	E17314	NA	NA	✓	✓	✓	✓	
	E17323	✓	✓	✓	✓	✓	✓	
	E17324	✓	✓	✓	✓	✓	✓	
	E17325	✓	✓	✓	✓	✓	✓	
	E17330	✓	✓	✓	✓	✓	✓	
	E17348	NA	NA	✓	✓	✓	✓	
	E17345	NA	NA	✓	✓	✓	✓	
	E17346	✓	✓	✓	✓	✓	✓	
	E17347	✓	✓	✓	✓	✓	✓	
	E17350	✓	✓	✓	✓	✓	✓	
	E17357	NA	✓	✓	✓	✓	✓	Contamination, bench paper change
	E17357B	✓	✓	✓	✓	✓	✓	
	E17360	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician
Copies given to:

Shelley R. J.

(Name of Staff Member & Technician)

RP-315
Rev. 11/90

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Monthly

OPT 8 B

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
4/18/95	E17314	NA	NA	✓	✓	✓	✓	
	E17323	✓	✓	✓	✓	✓	✓	
	E17324	✓	✓	✓	✓	✓	✓	
	E17325	✓	✓	✓	✓	✓	✓	
	E17330	✓	✓	✓	✓	✓	✓	
	E17348	NA	NA	✓	✓	✓	✓	
	E17345	NA	NA	✓	✓	✓	✓	
	E17346	✓	✓	✓	✓	✓	✓	
	E17347	✓	✓	✓	✓	✓	✓	
	E17350	✓	✓	✓	✓	✓	✓	
	E17357	NA	✓	✓	✓	✓	✓	
	E17357B	✓	✓	✓	✓	✓	✓	
✓	E17360	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

(Name of Staff Member & Technician)

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Monthly
OPT 8 B

Comments & Action Taken by Survey Technician

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity
3/30/95	E17314	NA	NA	✓	✓	✓	✓
	E17323	✓	✓	✓	✓	✓	✓
	E17324	✓	✓	✓	✓	✓	✓
	E17325	✓	✓	✓	✓	✓	✓
	E17330	✓	✓	✓	✓	✓	✓
	E17348	NA	NA	✓	✓	✓	✓
	E17345	NA	NA	✓	✓	✓	✓
	E17346	✓	✓	✓	✓	✓	✓
	E17347	✓	✓	✓	✓	✓	✓
	E17350	✓	✓	✓	✓	✓	✓
	E17357	NA	✓	✓	✓	✓	✓
	E17357B	✓	✓	✓	✓	✓	✓
	E17360	✓	✓	✓	✓	✓	✓

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory. A copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

(Name of Staff Member & Technician)

RP-315
Rev. 11/90

RADIATION PROTECTION OFFICE Work Sheet For Radiation Surveys

Monthly
OCT 8 B

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
2/15/85	E17314	NA	NA	✓	✓	✓	✓	
	E17323	✓	✓	✓	✓	✓	✓	
	E17324	✓	✓	✓	✓	✓	✓	
	E17325	✓	✓	✓	✓	✓	✓	
	E17330	✓	✓	✓	✓	✓	✓	
	E17348	NA	NA	✓	✓	✓	✓	
	E17345	NA	NA	✓	✓	✓	✓	
	E17346	✓	✓	✓	✓	✓	✓	
	E17347	✓	✓	✓	✓	✓	✓	
	E17350	✓	✓	✓	✓	✓	✓	
	E17357	NA	✓	✓	✓	✓	✓	
	E17357B	✓	✓	✓	✓	✓	✓	
	E17360	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician
Copies given to:

(Name of Staff Member & Technician)

Handwritten signature

RP-315
Rev. 11/90

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Monthly

1 OCT 8 B

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Lab counts using Radio-activity	Comments & Action Taken by Survey Technician
11/1/95	E17314	NA	NA	✓	✓	✓	✓	
	E17323	✓	✓	✓	✓	✓	✓	
	E17324	✓	✓	✓	✓	✓	✓	
	E17325	✓	✓	✓	✓	✓	✓	
	E17330	✓	✓	✓	✓	✓	✓	
	E17348	NA	NA	✓	✓	✓	✓	
	E17345	NA	NA	✓	✓	✓	✓	
	E17346	✓	✓	✓	✓	✓	✓	
	E17347	✓	✓	✓	✓	✓	✓	
	E17350	✓	✓	✓	✓	✓	✓	
	E17357	NA	✓	✓	✓	✓	✓	
	E17357B	✓	✓	✓	✓	✓	✓	
✓	E17360	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician
Copies given to:

Staff Member & Technician

(Name of Staff Member & Technician)

RP-315
Rev. 11/90

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Monthly

OPT 8 B

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
12/29/94	E17314	NA	NA	✓	✓	✓	✓	
	E17323	✓	✓	✓	✓	✓	✓	
	E17324	✓	✓	✓	✓	✓	✓	Change out bench Paper (P-32)
	E17325	✓	✓	✓	✓	✓	✓	
	E17330	✓	✓	✓	✓	✓	✓	
	E17348	NA	NA	✓	✓	✓	✓	
	E17345	NA	NA	✓	✓	✓	✓	
	E17346	✓	✓	✓	✓	✓	✓	
	E17347	✓	✓	✓	✓	✓	✓	
	E17350	✓	✓	✓	✓	✓	✓	
	E17357	NA	✓	✓	✓	✓	✓	
	E17357B	✓	✓	✓	✓	✓	✓	
✓	E17360	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose-leaf notebook, in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

(Name of Staff Member & Technician)

RP-315
Rev. 11/90

RADIATION PROTECTION OFFICE

Work Sheet For Radiation Surveys

Monthly

1 OCT 8 B

Survey Date	Room #	Waste Records	Instrument Check	Radiation Levels	Contamination Survey	Evidence of Eating & Drinking	Labcoats using Radioactivity	Comments & Action Taken by Survey Technician
11/22/94	E17314	NA	NA	✓	✓	✓	✓	
	E17323	✓	✓	✓	✓	✓	✓	
	E17324	✓	✓	✓	✓	✓	✓	
	E17325	✓	✓	✓	✓	✓	✓	
	E17330	✓	✓	✓	✓	✓	✓	
	E17348	NA	NA	✓	✓	✓	✓	
	E17345	NA	NA	✓	✓	✓	✓	
	E17346	✓	✓	✓	✓	✓	✓	
	E17347	✓	✓	✓	✓	✓	✓	
	E17350	✓	✓	✓	✓	✓	✓	
	E17357	NA	✓	✓	✓	✓	✓	
	E17357B	✓	✓	✓	✓	✓	✓	
✓	E17360	✓	✓	✓	✓	✓	✓	

Instructions: If a heading is not applicable for the room, insert NA. A check mark means satisfactory. If unsatisfactory, specify under comments, & give the appropriate Staff Member and Technician responsible for those areas reported unsatisfactory, a copy of the work sheet. Each Technician will keep the original copies in a loose leaf notebook; in chronological order, with the most recent sheet as the first page.

Signature of Survey Technician

Copies given to:

(Name of Staff Member & Technician)

REQUEST FOR DOCUMENTS

(2 Copies of Each)

Name of Requester:

JHEM

Date: 10/23/95

Organization:

NRC - IIT

Document Title:

Date Received

10-95-82 ✓
 ① Any record of Analysis of
 Blood sample drawn from Dr. Li

10/24/95

None
 ② { Any written record or note
 showing initial dose estimate based
 on first urine specimen and
 total body fluid volume for Dr. Li

10-95-83 ✓
 ③ { Copies of records of urinalysis
 performed on other employees in
 Tonegawa Lab

10/24/95

open
 ④ { Copies of records maintained
 by Dennis King for radioisotope
 inventories, receipts and
 disposals, July 1994 to Present

10-95-84 ✓
 ⑤ Minutes of Radiation Protection
 Committee records from July 1992
 to present

10/24/95

10-95-85 ✓
 ⑥ Copies of Rad Safety Office Audits
 of Tonegawa Lab July 1990 - Present

10/24/95

TO ALL INTERVIEWEES/TRANSCRIPT REVIEWERS

The following guidance is provided to those who are reviewing transcripts of interviews previously given:

It is permissible to have your attorney present to see your transcript. However, corrections can be made only to those issues discussed during the interview. Additional **substantive issues** may **NOT** be added through this process.

If you wish to provide more information to the Incident Investigation Team, you may request either another interview or you may communicate any additional information to:

Dr. John Glenn, Leader
Incident Investigation Team
U. S. Nuclear Regulatory Commission
Washington, D. C. 20555

Mail Stop: T-4 D18

Or you may telefax this information to Dr. Glenn at 301-415-6382.