

Personnel Radiological Monitoring Report Form

Secondary Monitoring First Decon Second Decon Third Decon

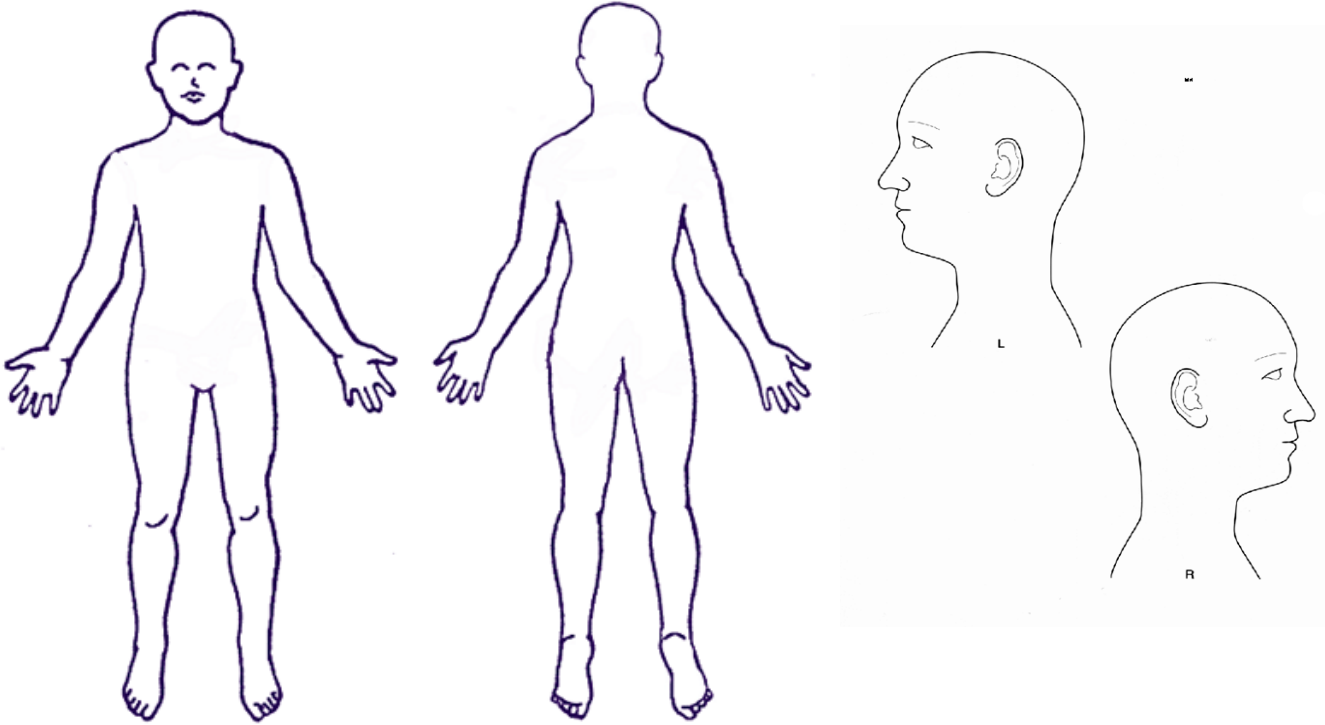
Name of Evacuee: _____

METTAG Number: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Indicate contaminated areas and levels on diagram.



Less than 300 CPM above background - remove yellow/red bars on METTAG, attach to 300P and direct person to registration.

Greater than 300 CPM above background

Date/Time: _____ Monitor Name (Print) _____

Meter Type (circle): CD-V 700P M 26-1 Frisker