

## Background Radiation Report

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Facility: \_\_\_\_\_ Town/City: \_\_\_\_\_

Initial Readings: \_\_\_\_\_ mR/hr \_\_\_\_\_ cpm

Alarm Settings: initial \_\_\_\_\_

Background Meter Type/Model: \_\_\_\_\_

Control TLD # \_\_\_\_\_

Name of Person Taking the Initial Readings: \_\_\_\_\_

### Background readings should be checked periodically during a radiological event

Date	Time	Reading mR/hr	Reading cpm	Name of person taking readings

Once the event has terminated, or as directed, place this report with the Control TLD, Personal TLDs and the completed form 305A, and send to the DPHS lab in Concord