ENVIRONMENTAL HEALTH AND SAFETY

# DIRECT MONITORING FORM

**Permit Holder**

IRP#

IRPH

LAB

PHONE

**Meter Type**

Calibration Date (dd/mm/yyyy): _____/ _____/_____

Use Type:

☐ Contamination

☐ Survey

Manufacturer _____

Model _____

Serial Number _____

**Meter Settings**

Dial Factor: x_____

Probe/Detector Model: _____ Serial Number: _____

Reading in: ☐ CPM ☐ mRad/hr ☐ µSv/hr ☐ other (specify) _____

Locations as per wipe test map:

| | |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| | |
| | |

Provide a Diagram (if not according to wipe test map)

_____ _____

Name Date (dd/mm/yyyy)