Body Chart for Recording Results of Radiation Survey

Name: ___________________

Patient ID: ___________________

Date: ___________________

Time: ___________________

Decon. Cycle #: ___________________

See more detailed External Contamination Survey Report worksheet template: Thompson NJ et al. Radiation Monitoring Units: Planning and Operational Guidance, HPPA-CRCE-017, see pages 45-49, (HPA, July 2011)