

DATE: _____	YEAR: _____
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Semi-Annual Routine Monitoring Program

(as of 12/17/2020)

<i>Initials</i>	<i>Location</i>
	C-0 Assembly Building
	D-0 Assembly Building Floors 1-3
	MC7 Enclosure
	ME7 Worm
	Meson Detector Building MT6.1
	Meson East Detector Building
	Meson West Detector Building FTBF
	MI-31 Service Building
	MS5, MP7 and MP8
	MS6 / MTest Worm
	NM4 Experimental Hall
	Semi-Annual Tevatron Service Buildings
	Shielding Block Storage Building
	SiDet Lab C/D X- Connect
	SiDet Lab E & Port-a-Kamp #176
	SiDet Lab F
	SiDet Lab G

All surveys were completed as follows (If different, it will be noted on the specific survey pages)

<u>Radiation Instruments Used</u>			
Surveyor:	_____	_____	_____
Instrument Type:	_____	_____	_____
Instrument Number:	_____	_____	_____
Battery/Source Check:	_____	_____	_____
Calibration Due Date:	_____	_____	_____
Reviewed By: _____			
<i>RSO Signature or Designee / Date</i>			