



| | | | |
|---------------|------------|-------------------------------|-------|
| DATE: 4/14/20 | TIME: 0830 | PURPOSE: initial entry survey | RWP # |
|---------------|------------|-------------------------------|-------|

This Survey is part of the MI-20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 20-62

MI 130 to 624 Cover Sheet

MAPS INCLUDED

- 601-607
- 608-614
- NuMI A
- NuMI B
- 615-621
- 622-630
- 130-207
- 208-215
- 216-225
- 226-301
- 302-309
- 310-318
- 319-327

MAPS INCLUDED

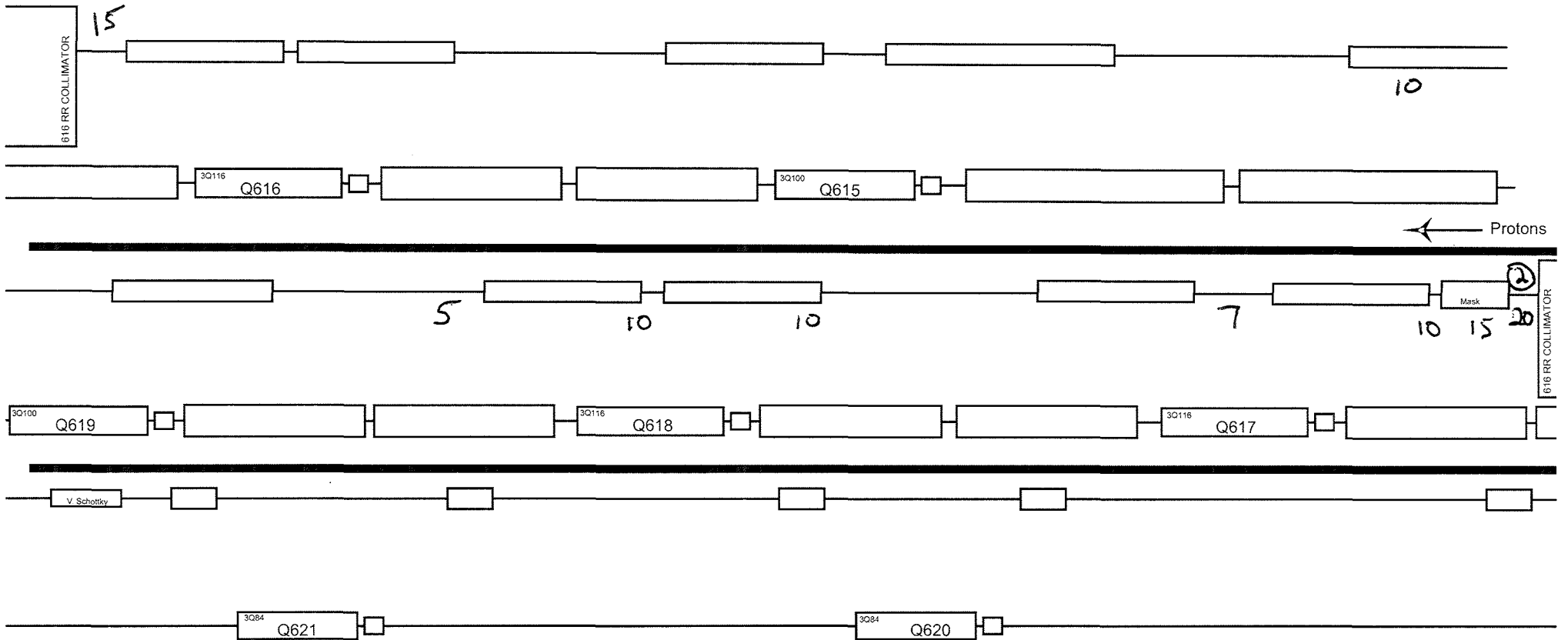
- 328-335
- 336-400
- MI-40 Abort Line
- 404-411
- MI-40 Abort
- 412-419
- 420-427
- 428-505
- 506-513
- 514-522
- P-150 Line
- 523-532

| | | | | |
|--|---------------------|--------------------|--|-----------|
| Beam Off Date: 3/20/20 | Beam Off Time: 1200 | Intensity: 4.9 E13 | Highest Dose Rate Found: 500 mR/hr @ 1foot | |
| Radiation Instruments Used | | | Bkgd _____ cpm Wipe = Reading Wipe = Reading _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm | Comments: |
| Inst Type: Frisler | LSM | LSM | | |
| Inst No: 32 | 80 | 4 | | |
| Batt/Source Chk: SAT | SAT | JAT | | |
| Cal. Due Date: 5/20 | 11/20 | 7/20 | | |
| All Areas < 5 mR/hr@1foot (Unless otherwise indicated) | | | Surveyed By: Busch / white | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | Reviewed By: [Signature] | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 615-621

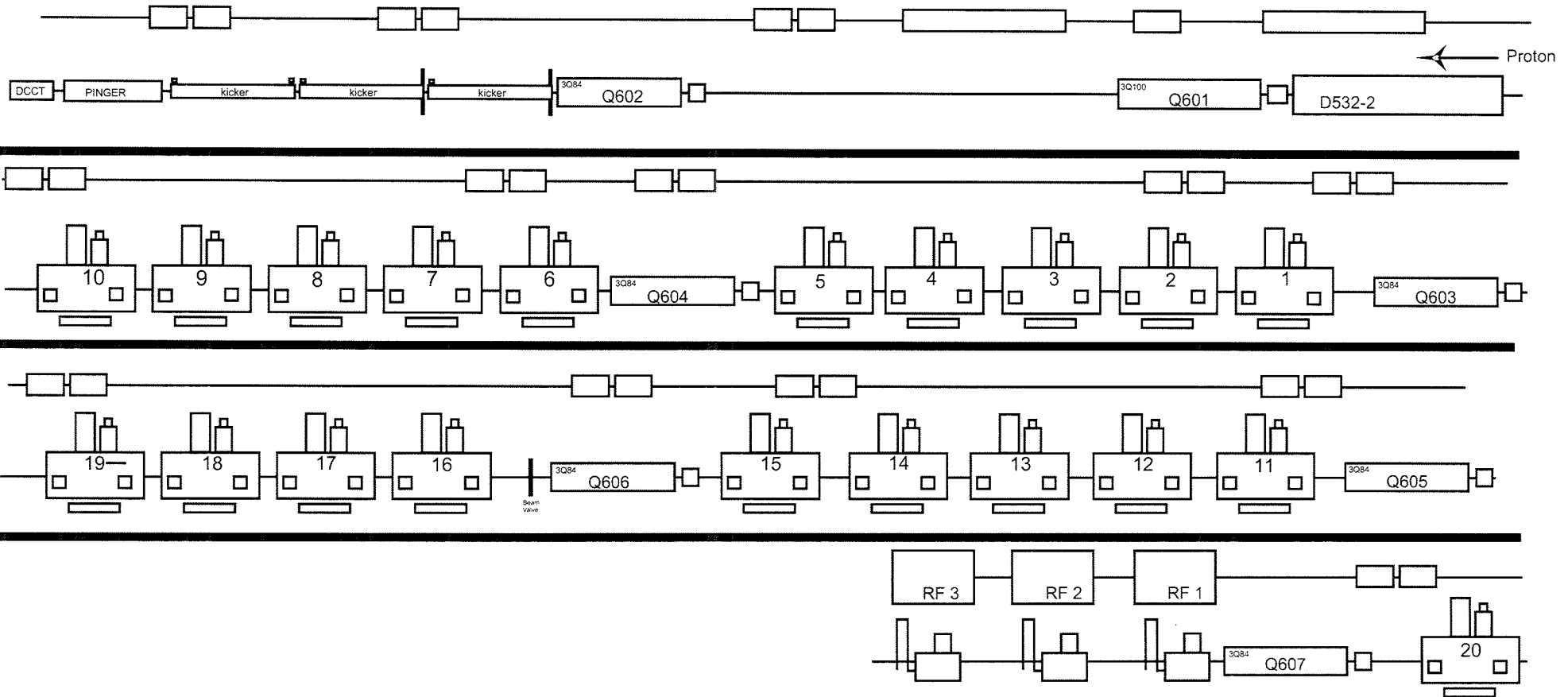


| | | | |
|--|----------------|--|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>20</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd <u>40</u> cpm Wipe # Reading Wipe # Reading <u>2</u> <u>0</u> ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: _____ | _____ | | |
| Inst No: _____ | _____ | | |
| Batt/Source Chk: _____ | _____ | | |
| Cal. Due Date: _____ | _____ | | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information

MI 601-607

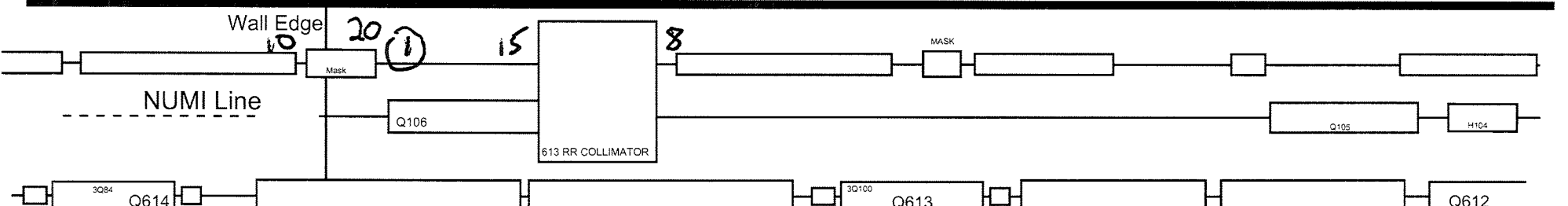
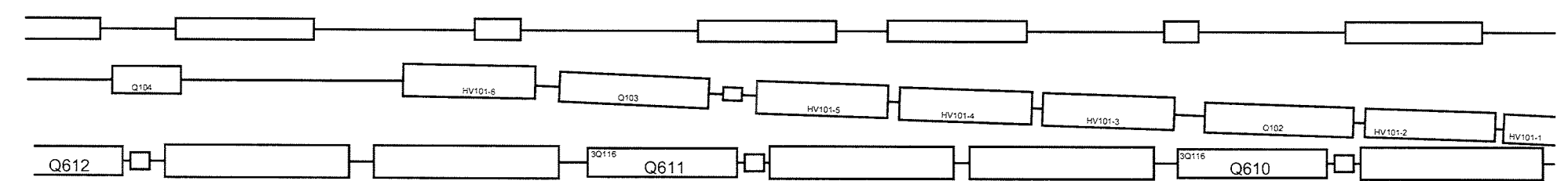
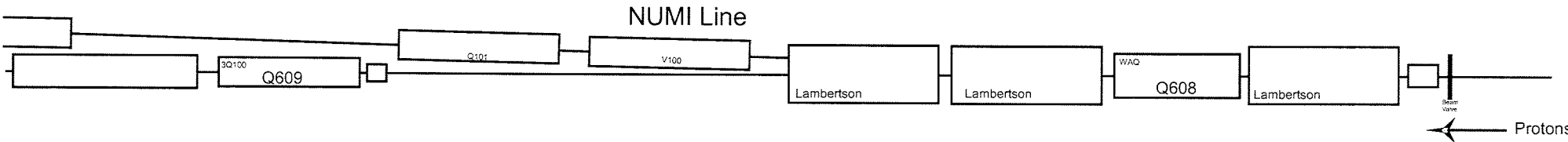
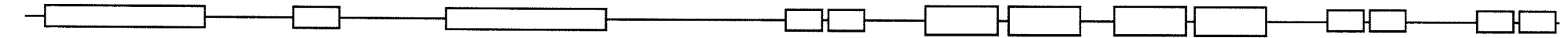


| | | | |
|---|----------------|--|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>< 5</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe = Reading Wipe = Reading _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: _____ | _____ | | |
| Inst No: _____ | _____ | | |
| Batt/Source Chk: _____ | _____ | | |
| Cal. Due Date: _____ | _____ | | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 608-614



| | | | |
|----------------|----------------|------------|--|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>20</u> mR/hr @ 1foot |
|----------------|----------------|------------|--|

| Radiation Instruments Used | | |
|----------------------------|-------|-------|
| Inst Type: _____ | _____ | _____ |
| Inst No: _____ | _____ | _____ |
| Batt/Source Chk: _____ | _____ | _____ |
| Cal. Due Date: _____ | _____ | _____ |

| | | | |
|--------------------|------------|--------|------------|
| Bkgd <u>40</u> cpm | | | |
| Wipe = | Reading | Wipe = | Reading |
| 1 | 0 | _____ | _____ |
| _____ | _____ ccpm | _____ | _____ ccpm |
| _____ | _____ ccpm | _____ | _____ ccpm |
| _____ | _____ ccpm | _____ | _____ ccpm |
| _____ | _____ ccpm | _____ | _____ ccpm |
| _____ | _____ ccpm | _____ | _____ ccpm |

Comments:

Surveyed By: _____

Reviewed By: _____

All Areas < 5 mR/hr@1foot (Unless otherwise indicated)

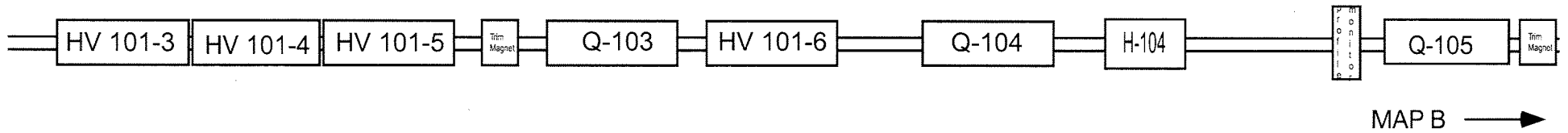
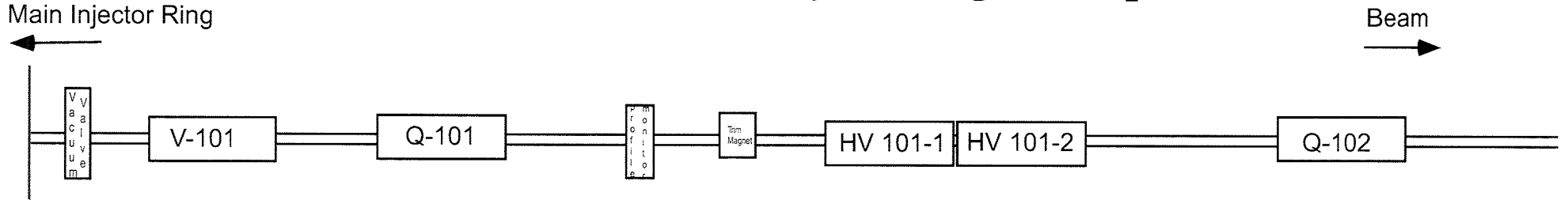
LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact

A = Air Sample (#) = Wipe (F#) = Floor wipe

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

Numi Pipe Main Injector region map A



| | | | |
|---|----------------|--|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>< 5</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe = Reading Wipe = Reading _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: _____ | _____ | | |
| Inst No: _____ | _____ | | |
| Batt/Source Chk: _____ | _____ | | |
| Cal. Due Date: _____ | _____ | | |
| All Areas < 5 mR/hr@1foot (Unless otherwise indicated) LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | |



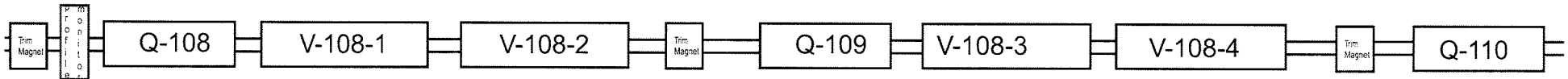
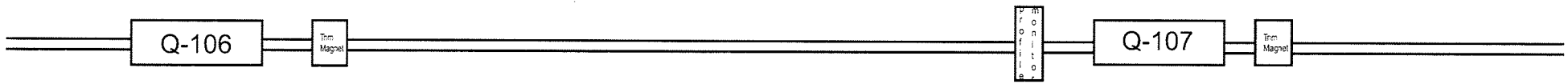
| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

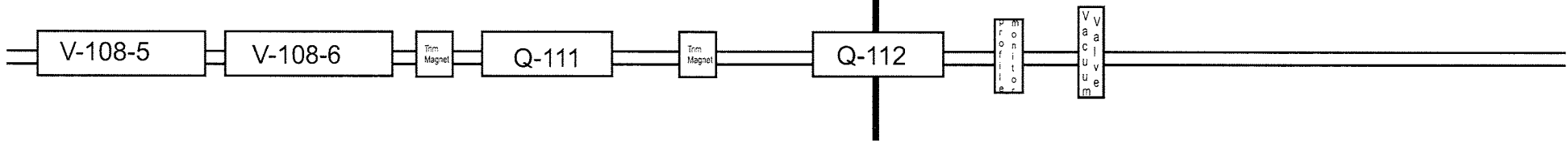
Numi Pipe Main Injector region map B

← MAP A

→ Beam



Gate to Carrier Tunnel

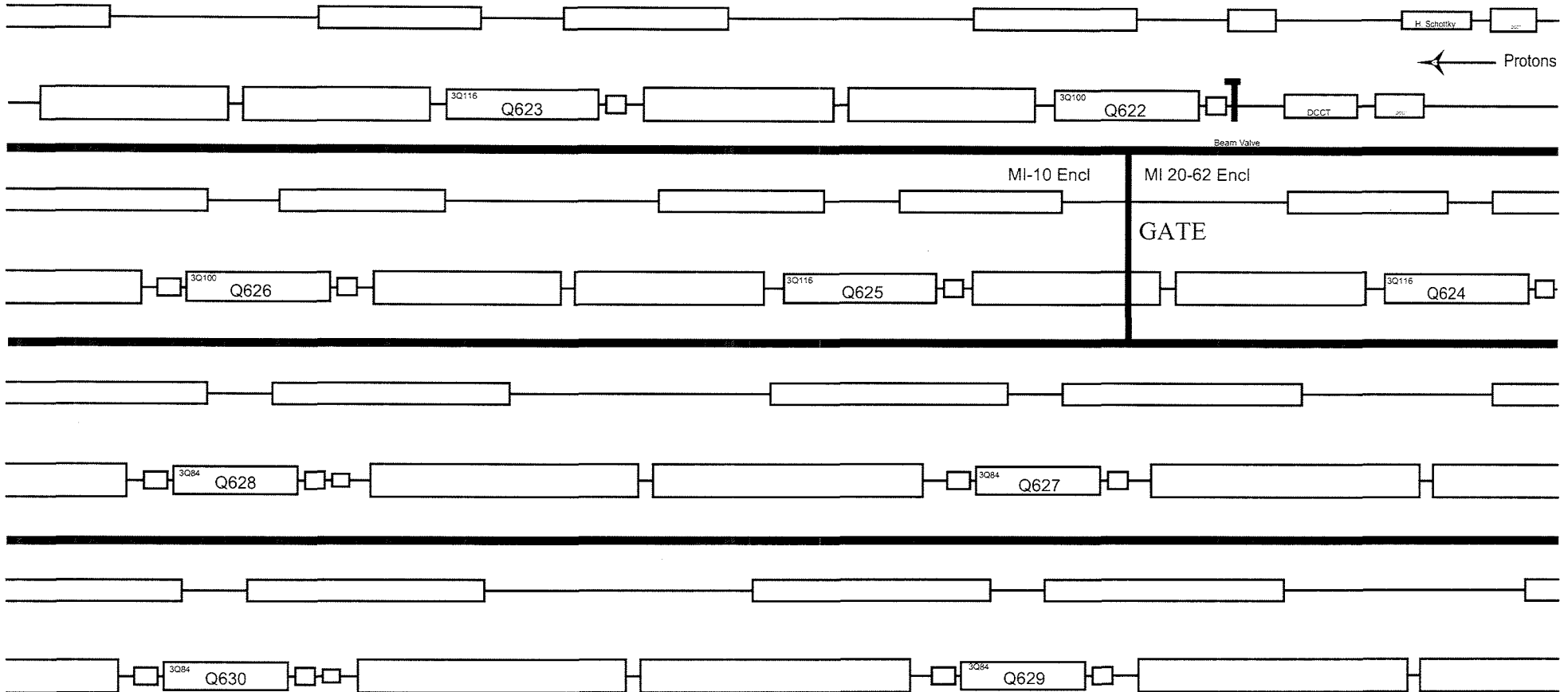


| | | | |
|--|----------------|--|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>< 5</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe # Reading Wipe # Reading _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: _____ | _____ | | |
| Inst No: _____ | _____ | | |
| Batt/Source Chk: _____ | _____ | | |
| Cal. Due Date: _____ | _____ | | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 622-630

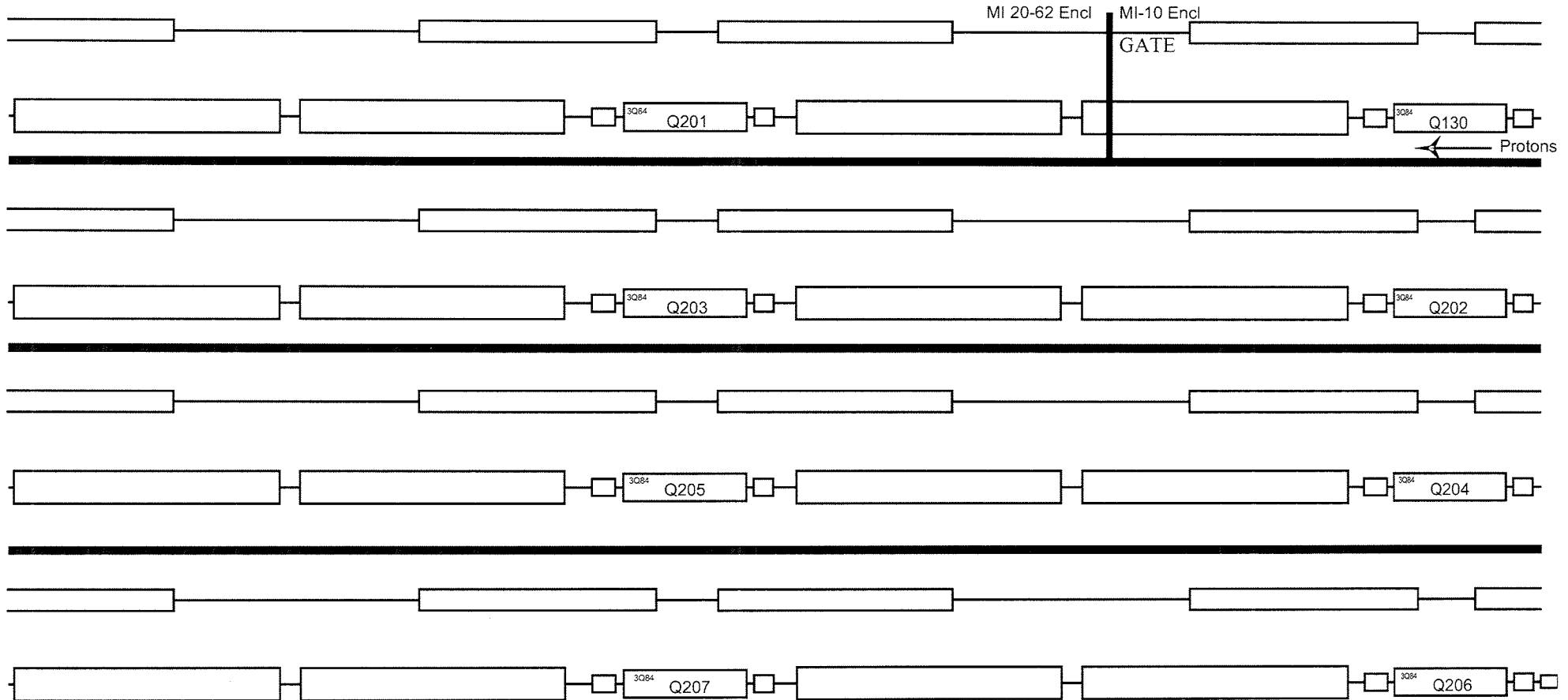


| | | | |
|---|----------------|--|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>< 5</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe # Reading Wipe # Reading _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: _____ | _____ | | |
| Inst No: _____ | _____ | | |
| Batt/Source Chk: _____ | _____ | | |
| Cal. Due Date: _____ | _____ | | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F #) = Floor wipe | | | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 130-207



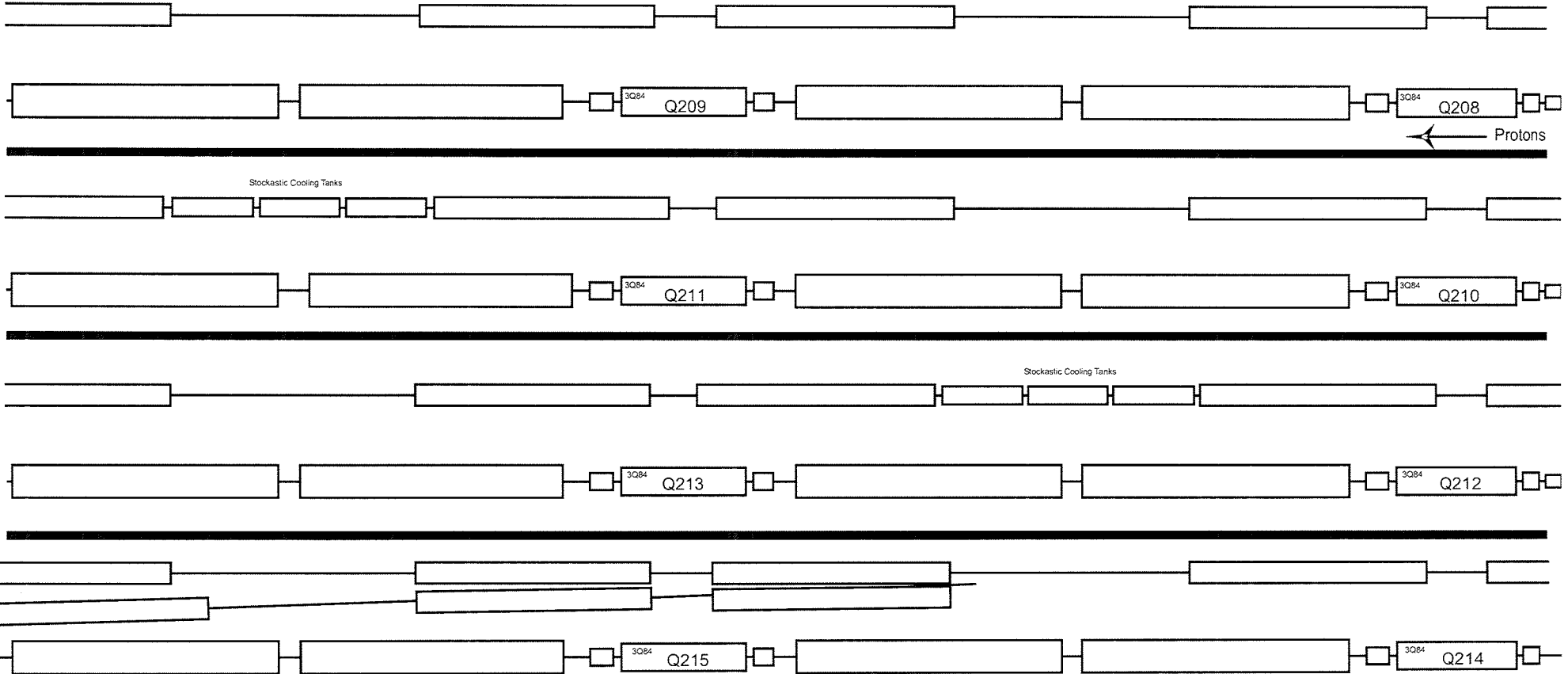
| | | | |
|----------------|----------------|------------|--|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>< 5</u> mR/hr @ 1foot |
|----------------|----------------|------------|--|

| | | | | | |
|---|----------------|------------------------|----------------------|--|--------------------------|
| Radiation Instruments Used | | | Bkgd _____ cpm | Comments: | |
| Inst Type: _____ | Inst No: _____ | Batt/Source Chk: _____ | Cal. Due Date: _____ | | Wipe = Reading _____ cpm |
| _____ | _____ | _____ | _____ | | _____ cpm |
| _____ | _____ | _____ | _____ | | _____ cpm |
| _____ | _____ | _____ | _____ | | _____ cpm |
| _____ | _____ | _____ | _____ | | _____ cpm |
| All Areas < 5 mR/hr@1foot (Unless otherwise indicated) | | | | Surveyed By: _____ Reviewed By: _____ | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | | | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 208-215



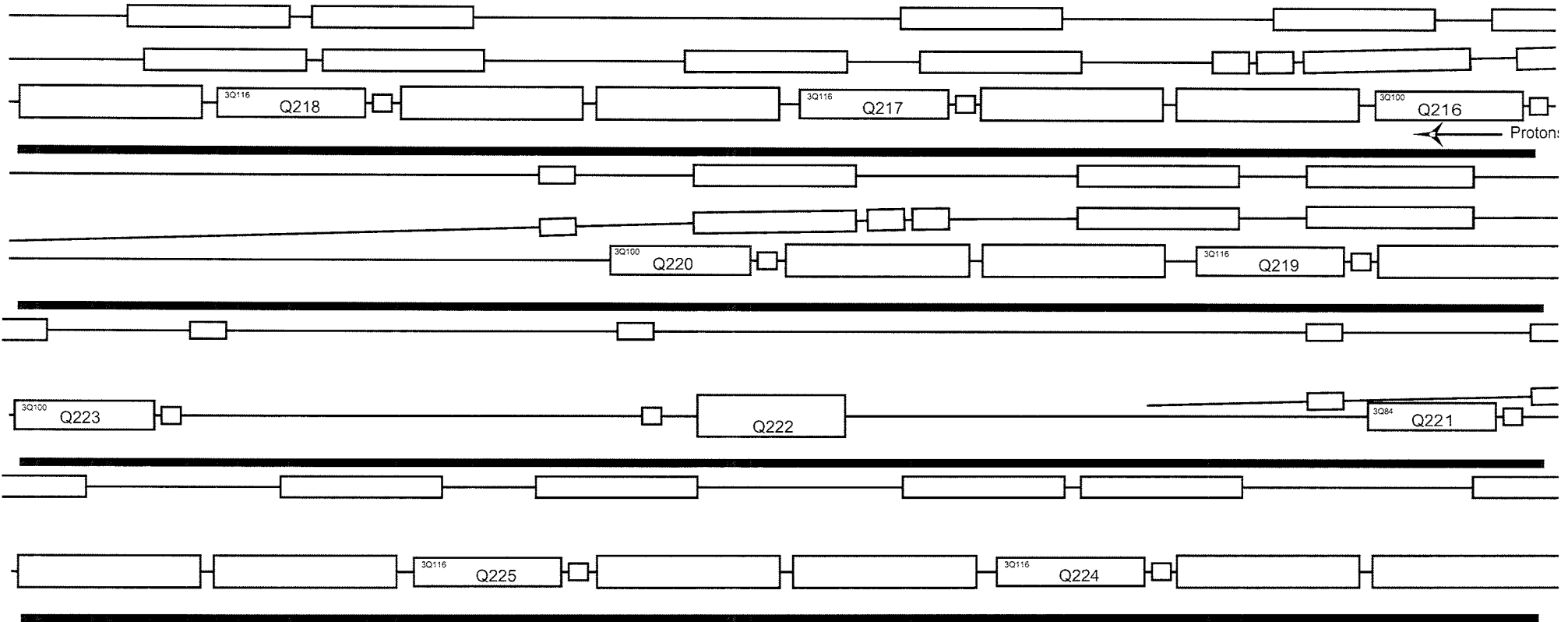
| | | | |
|----------------|----------------|------------|--|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>< 5</u> mR/hr @ 1foot |
|----------------|----------------|------------|--|

| | | | | |
|---|--|--|--|---|
| Radiation Instruments Used | | | Bkgd _____ cpm Wipe # Reading Wipe # Reading _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: | | | | |
| Inst No: | | | | |
| Batt/Source Chk: | | | | |
| Cal. Due Date: | | | | |
| All Areas < 5 mR/hr@1foot (Unless otherwise indicated) LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 216-225

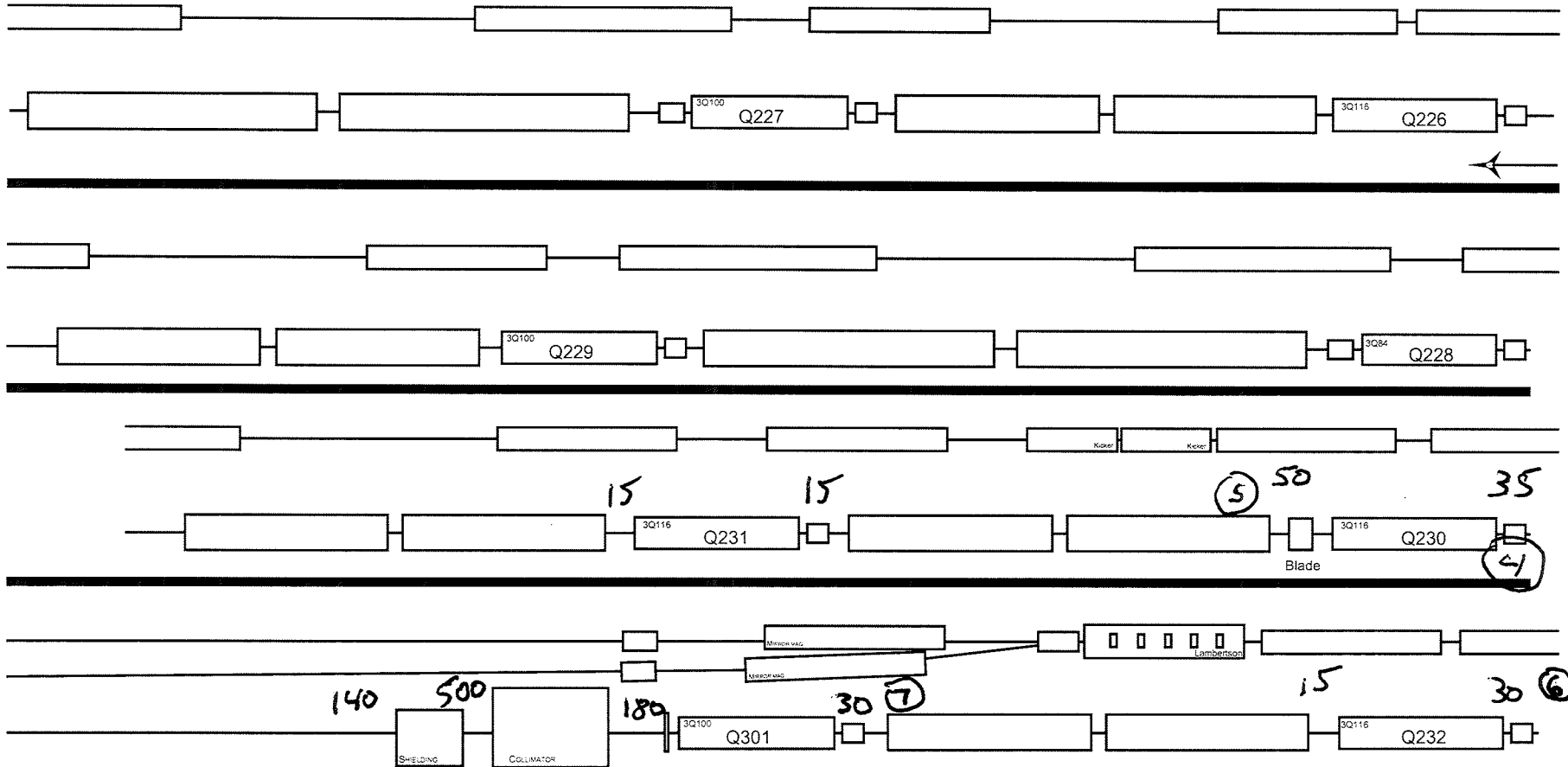


| | | | |
|--|----------------|--|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>45</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe = Reading Wipe = Reading _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: _____ | _____ | | |
| Inst No: _____ | _____ | | |
| Batt/Source Chk: _____ | _____ | | |
| Cal. Due Date: _____ | _____ | | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 226-301

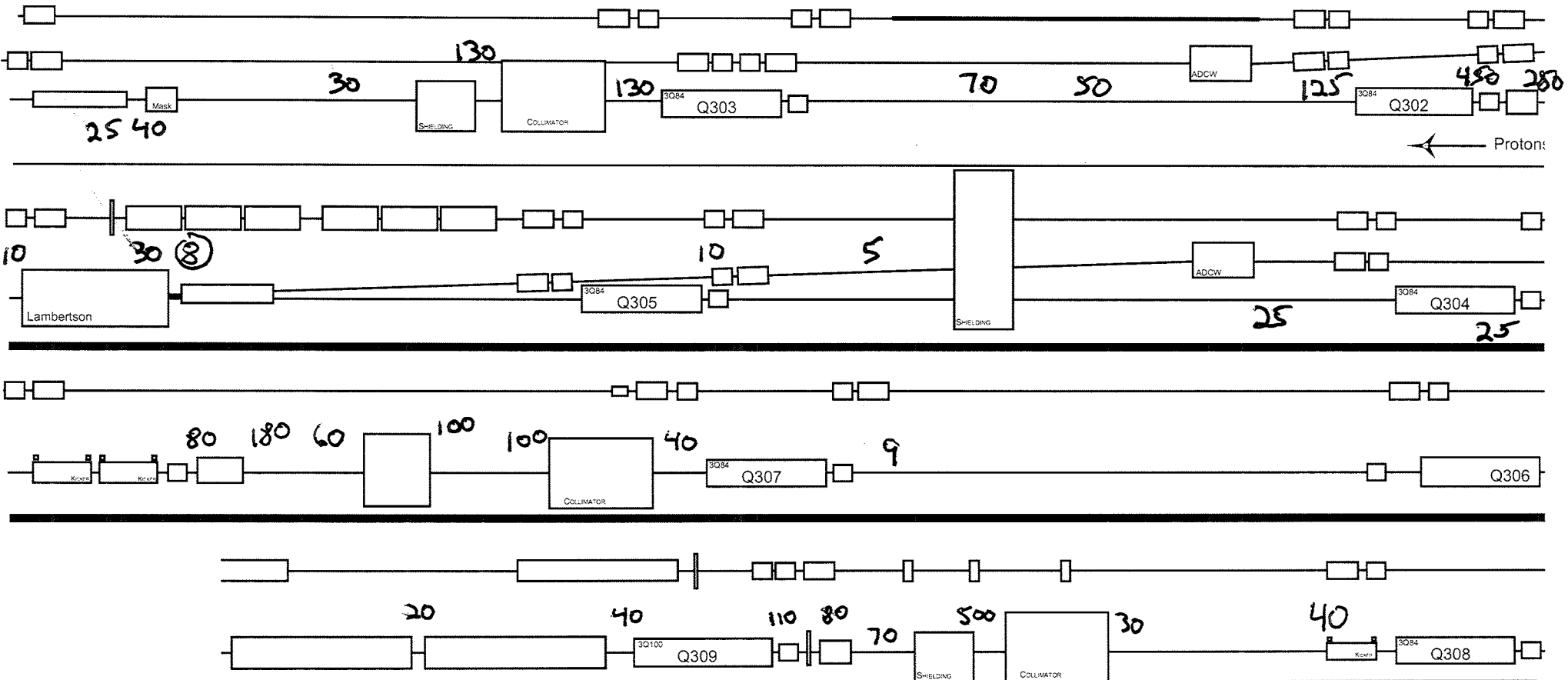


| | | | |
|---|--|------------------------|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>500</u> mR/hr @ 1foot |
| Radiation Instruments Used | | | Comments: |
| Inst Type: _____ | _____ | _____ | |
| Inst No: _____ | _____ | _____ | |
| Batt/Source Chk: _____ | _____ | _____ | |
| Cal. Due Date: _____ | _____ | _____ | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | Surveyed By: _____ Reviewed By: _____ |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact | | | |
| A = Air Sample (#) = Wipe (F#) = Floor wipe | | | |
| Bkgd _____ cpm | Wipe # Reading Wipe # Reading | | |
| | 4 0 ccpm | _____ _____ ccpm | |
| | 5 0 ccpm | _____ _____ ccpm | |
| | 6 0 ccpm | _____ _____ ccpm | |
| | 7 0 ccpm | _____ _____ ccpm | |
| | _____ _____ ccpm | _____ _____ ccpm | |
| | _____ _____ ccpm | _____ _____ ccpm | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 302-309



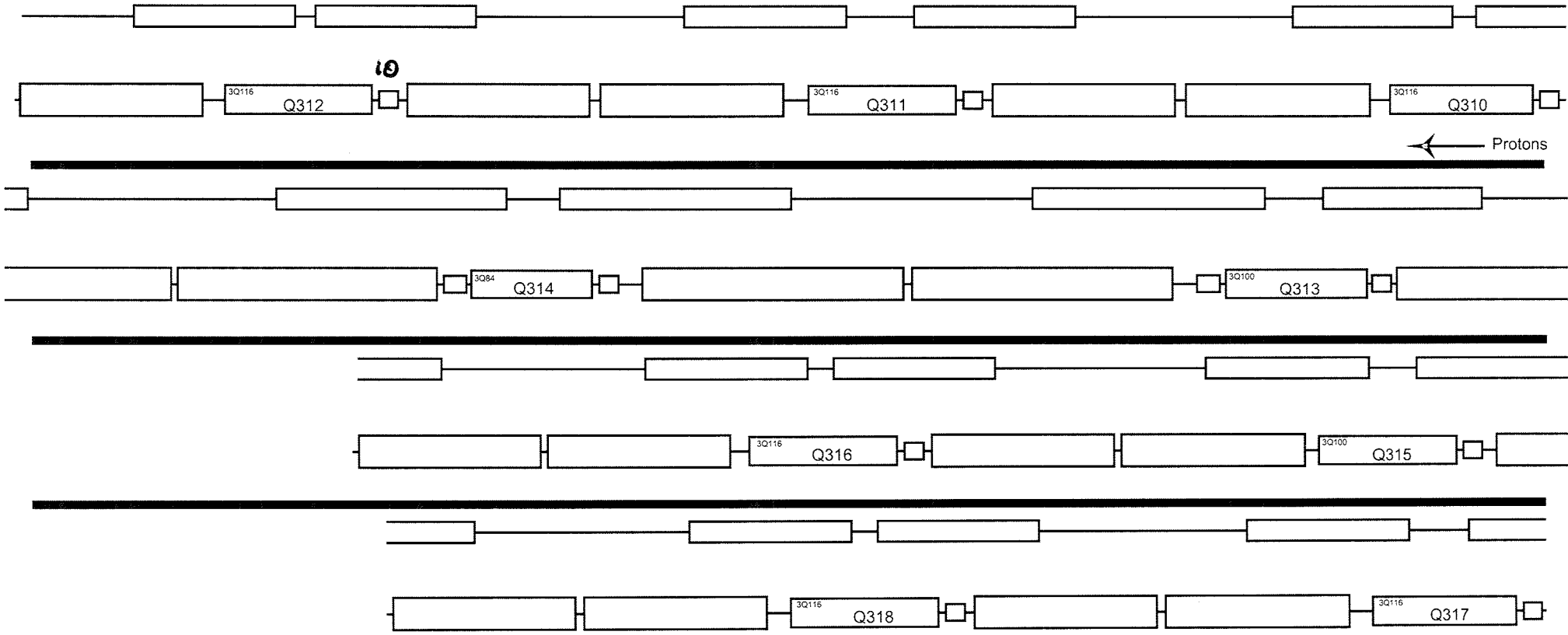
| | | | |
|---|----------------------|----------------|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>500</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm | |
| Inst Type: _____ | Inst No: _____ | Wipe # | Reading |
| Batt/Source Chk: _____ | Cal. Due Date: _____ | <u>8</u> | <u>0</u> ccpm |
| All Areas < 5 mR/hr@1foot (Unless otherwise indicated) LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | _____ | _____ ccpm |
| | | _____ | _____ ccpm |
| | | _____ | _____ ccpm |
| | | _____ | _____ ccpm |
| | | _____ | _____ ccpm |
| Comments: Surveyed By: _____ Reviewed By: _____ | | | |



| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 310-318



| | | | |
|----------------|----------------|------------|--|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>10</u> mR/hr @ 1foot |
|----------------|----------------|------------|--|

| Radiation Instruments Used | | |
|----------------------------|-------|-------|
| Inst Type: _____ | _____ | _____ |
| Inst No: _____ | _____ | _____ |
| Batt/Source Chk: _____ | _____ | _____ |
| Cal. Due Date: _____ | _____ | _____ |

| | | | |
|----------------|------------|--------|------------|
| Bkgd _____ cpm | | | |
| Wipe # | Reading | Wipe # | Reading |
| _____ | _____ ccpm | _____ | _____ ccpm |
| _____ | _____ ccpm | _____ | _____ ccpm |
| _____ | _____ ccpm | _____ | _____ ccpm |
| _____ | _____ ccpm | _____ | _____ ccpm |
| _____ | _____ ccpm | _____ | _____ ccpm |

Comments:

All Areas < 5 mR/hr@1foot (Unless otherwise indicated)

LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact

A = Air Sample (10) = Wipe (F#) = Floor wipe

Surveyed By: _____

Reviewed By: _____

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 319-327



20

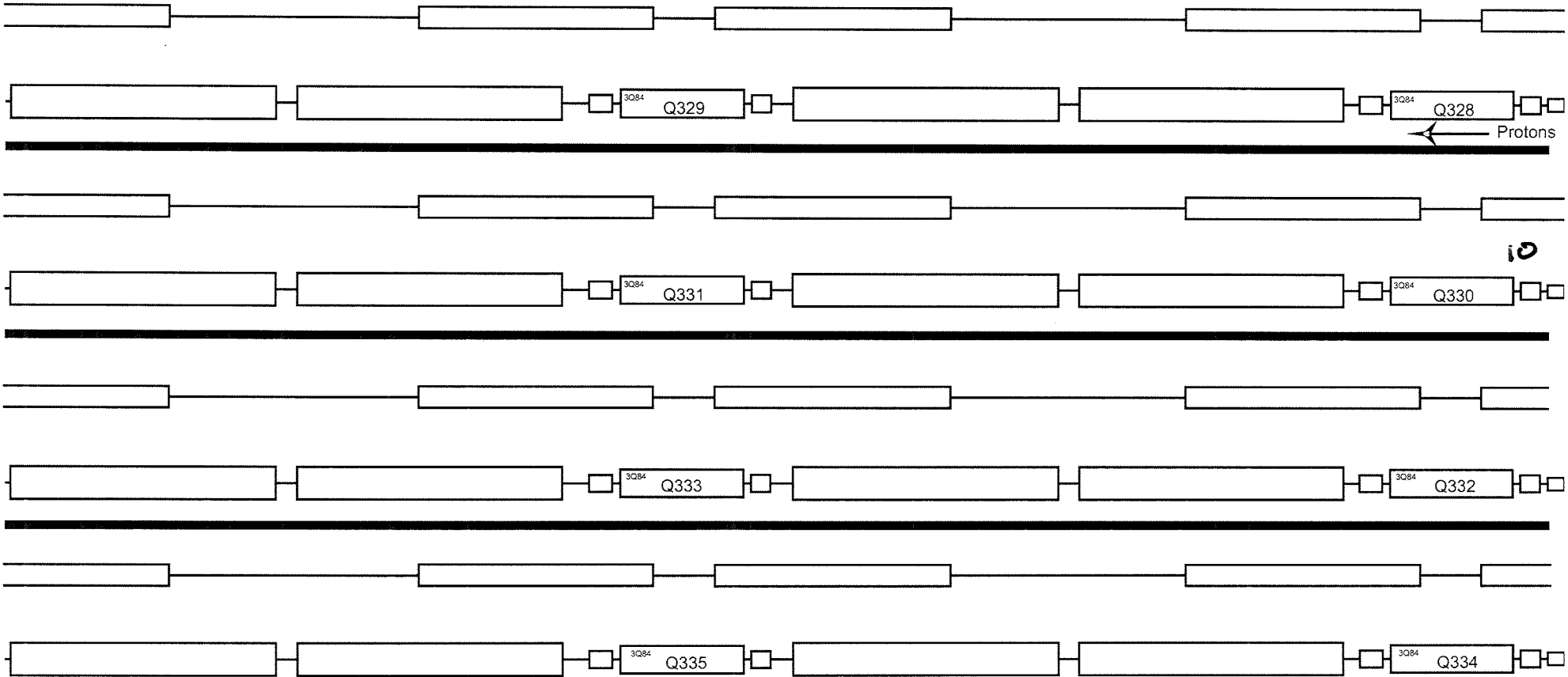
| | | | |
|--|----------------|--|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>20</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe = Reading Wipe = Reading _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm _____ cpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: _____ | _____ | | |
| Inst No: _____ | _____ | | |
| Batt/Source Chk: _____ | _____ | | |
| Cal. Due Date: _____ | _____ | | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (≠) = Wipe (F#) = Floor wipe | | | |



| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 328-335

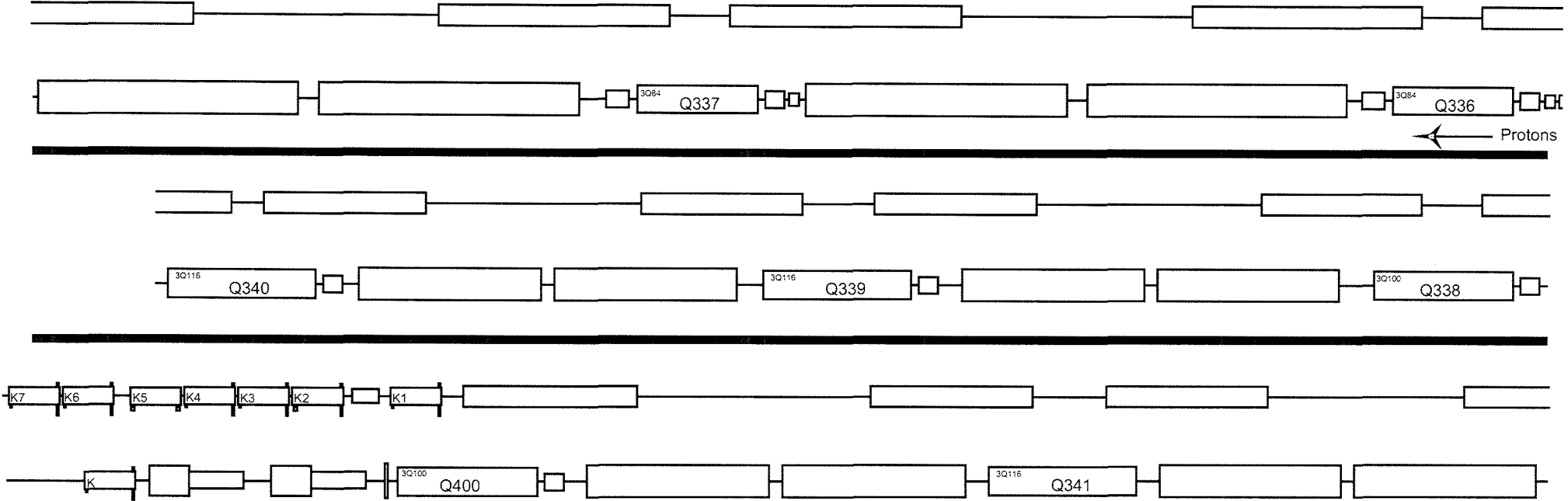


| | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------|---|--|------------|--------|---------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>10</u> mR/hr @ 1foot | | | | | | | | | | | | | | | | | | | | |
| Radiation Instruments Used | | Bkgd _____ cpm <table style="width:100%; border: none;"> <tr> <td style="border: none;">Wipe =</td> <td style="border: none;">Reading</td> <td style="border: none;">Wipe =</td> <td style="border: none;">Reading</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____ ccpm</td> <td style="border: none;">_____</td> <td style="border: none;">_____ ccpm</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____ ccpm</td> <td style="border: none;">_____</td> <td style="border: none;">_____ ccpm</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____ ccpm</td> <td style="border: none;">_____</td> <td style="border: none;">_____ ccpm</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____ ccpm</td> <td style="border: none;">_____</td> <td style="border: none;">_____ ccpm</td> </tr> </table> | Wipe = | Reading | Wipe = | Reading | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Wipe = | Reading | | Wipe = | Reading | | | | | | | | | | | | | | | | | | | |
| _____ | _____ ccpm | | _____ | _____ ccpm | | | | | | | | | | | | | | | | | | | |
| _____ | _____ ccpm | | _____ | _____ ccpm | | | | | | | | | | | | | | | | | | | |
| _____ | _____ ccpm | | _____ | _____ ccpm | | | | | | | | | | | | | | | | | | | |
| _____ | _____ ccpm | _____ | _____ ccpm | | | | | | | | | | | | | | | | | | | | |
| Inst Type: _____ | Inst No: _____ | Batt/Source Chk: _____ | Cal. Due Date: _____ | | | | | | | | | | | | | | | | | | | | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | | | | | | | | | | | | | | | | | | | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (⊘) = Wipe (F⊘) = Floor wipe | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 336-400



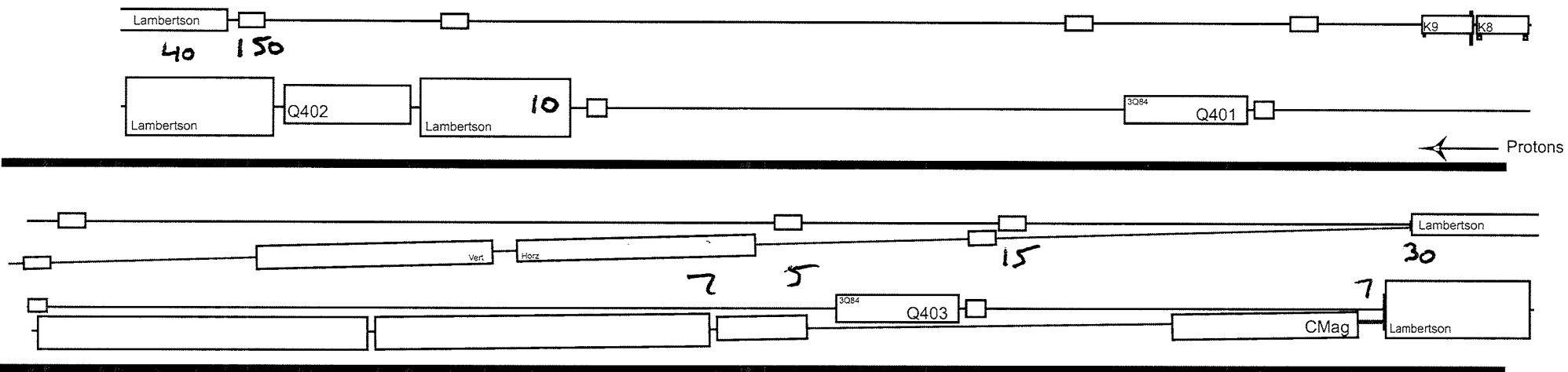
| | | | |
|--|----------------|--|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u><5</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe # Reading Wipe # Reading _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: _____ | _____ | | |
| Inst No: _____ | _____ | | |
| Batt/Source Chk: _____ | _____ | | |
| Cal. Due Date: _____ | _____ | | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | |



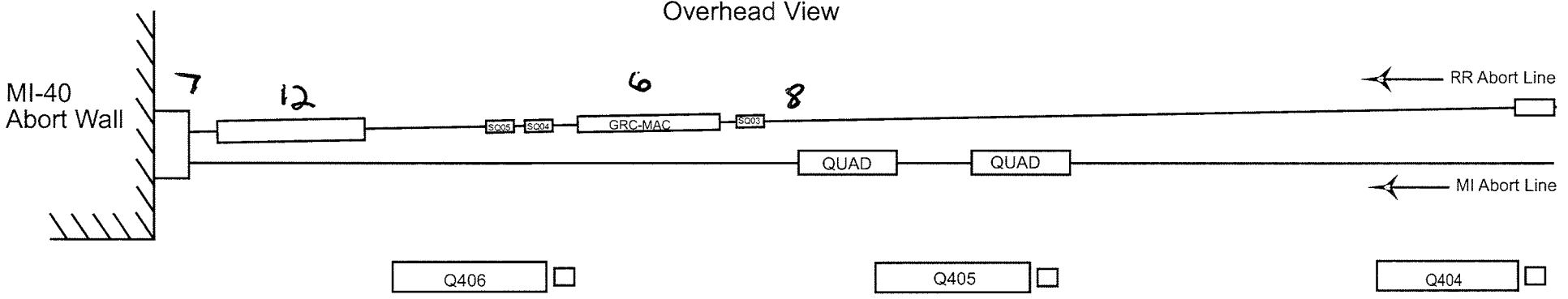
| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI-40 ABORT LINE



Overhead View

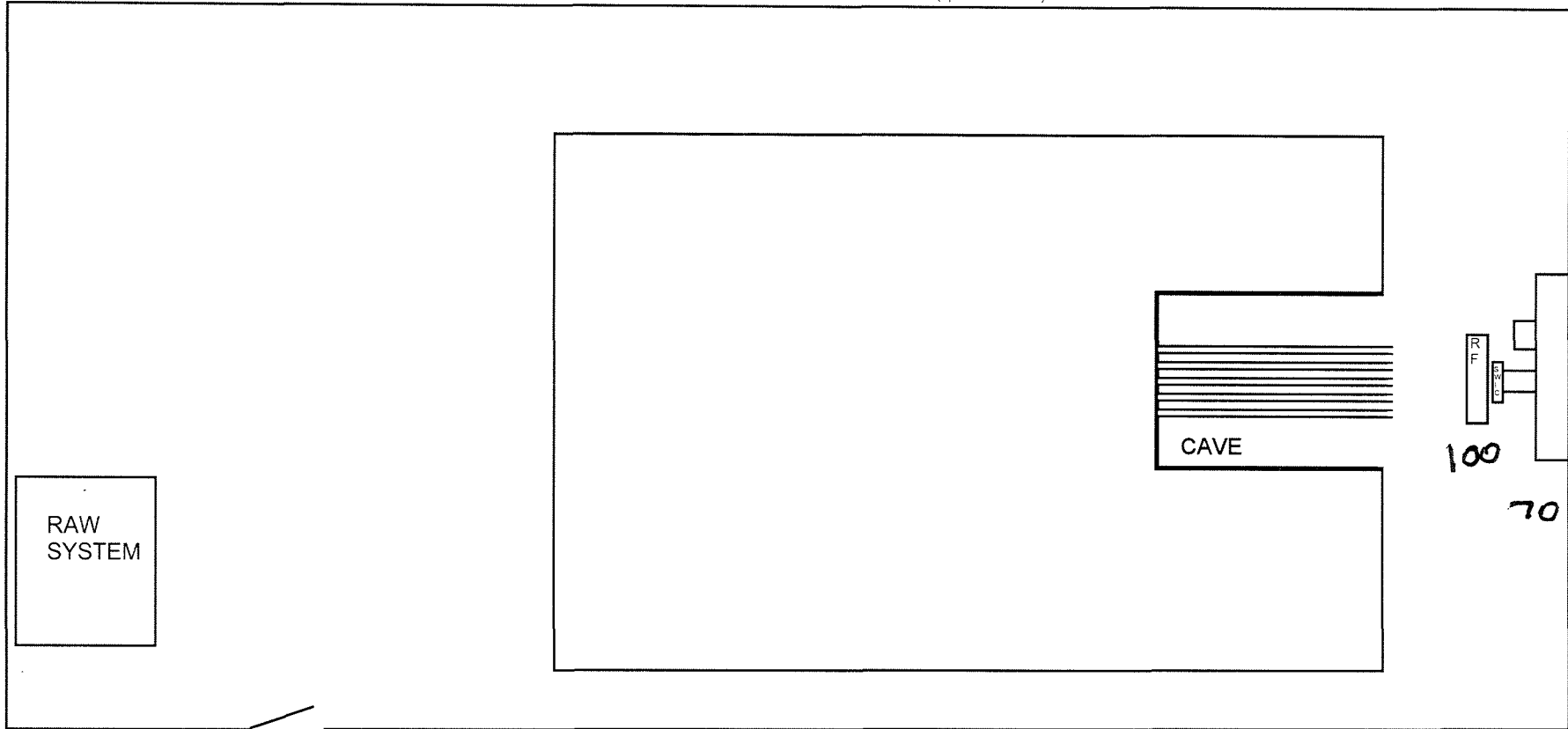


| | | | | | | |
|---|----------------|--|---|--|------------------|----------------|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>150</u> mR/hr @ 1foot | | | |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe #: Reading Wipe #: Reading _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ | | | |
| Inst Type: | Inst No: | | | | Batt/Source Chk: | Cal. Due Date: |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact | | | | | | |
| A = Air Sample (#) = Wipe (F #) = Floor wipe | | | | | | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI-40 ABORT (updated 3/18/19)

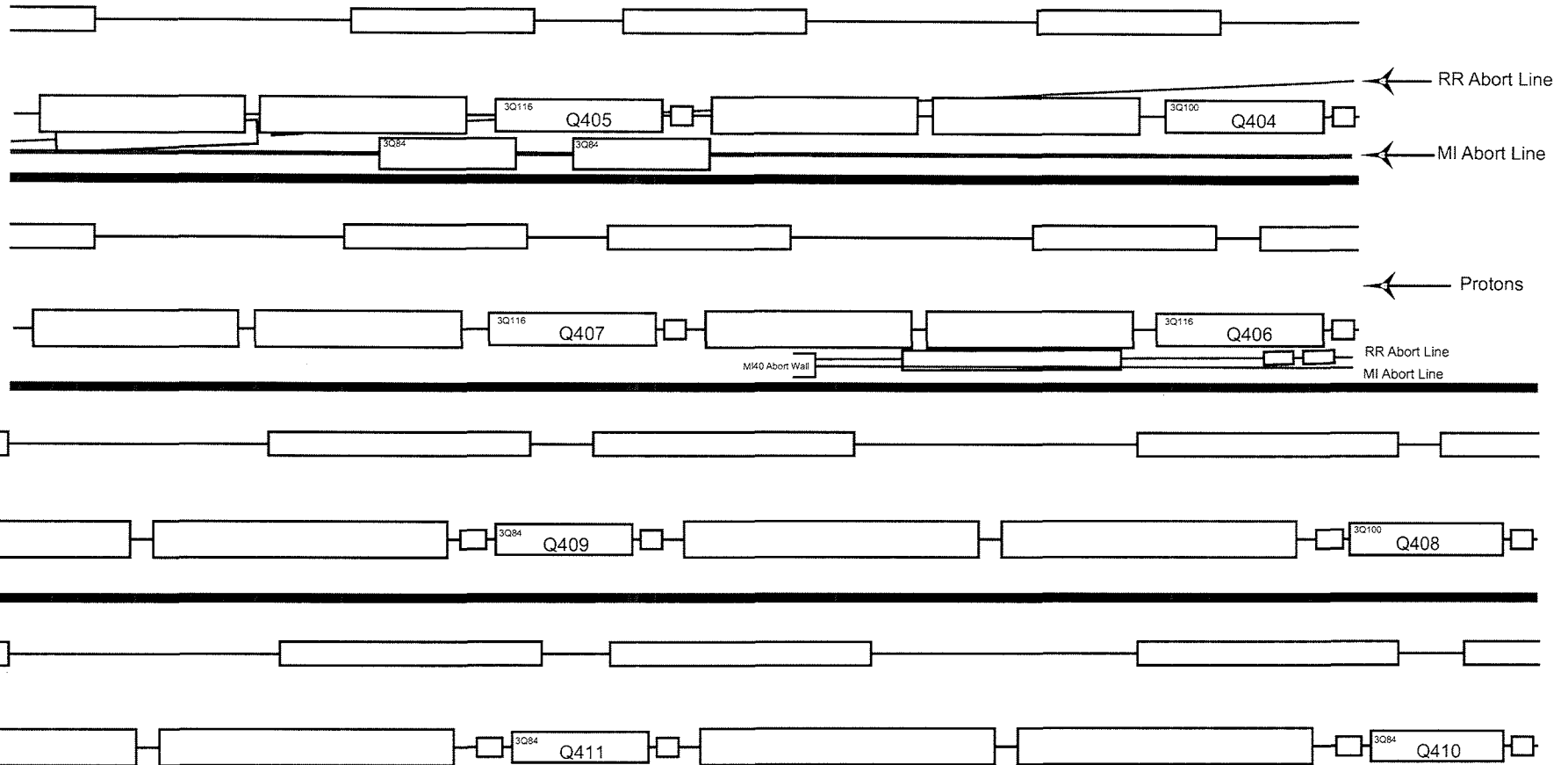


| | | | |
|--|----------------|--|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>100</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe # Reading Wipe # Reading _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: _____ | _____ | | |
| Inst No: _____ | _____ | | |
| Batt/Source Chk: _____ | _____ | | |
| Cal. Due Date: _____ | _____ | | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 404-411



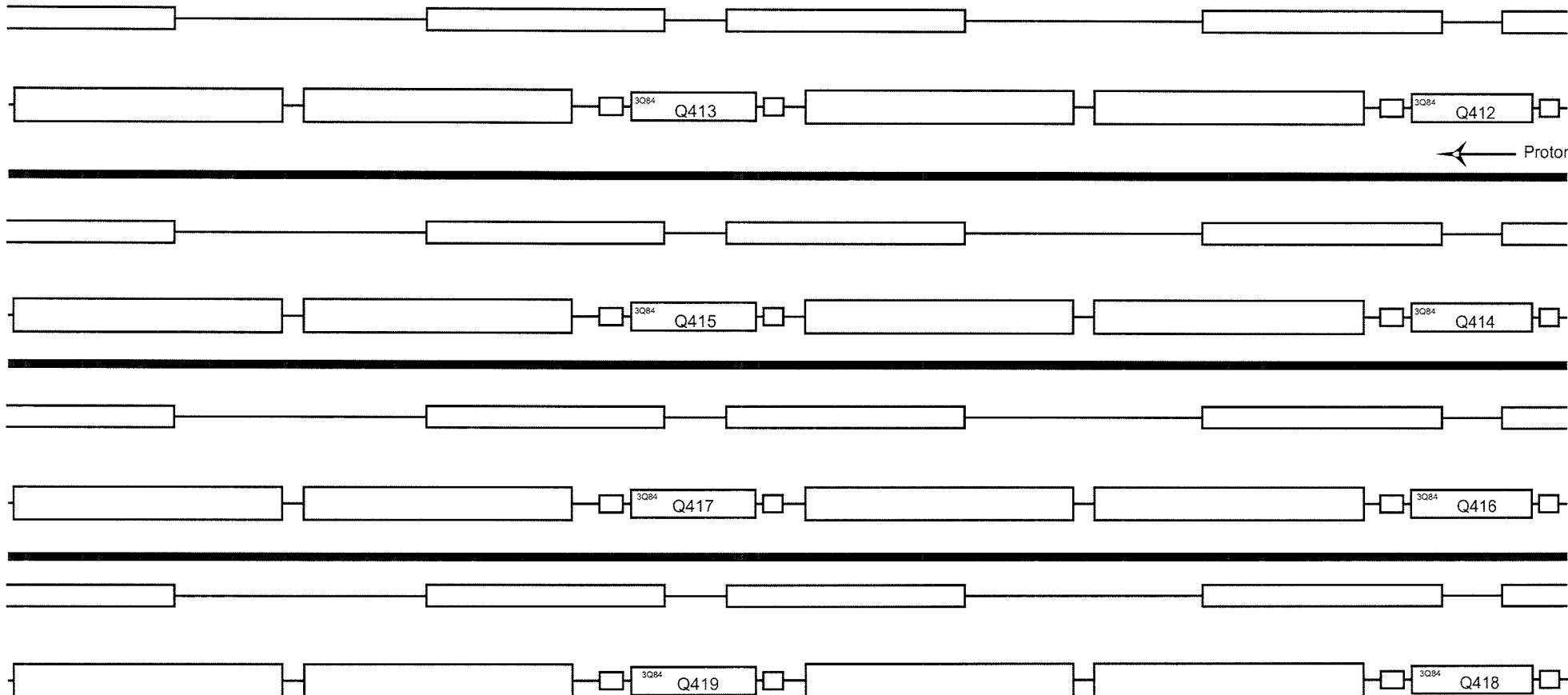
| | | | |
|--|----------------|--|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>< 5</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe # Reading Wipe # Reading _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: _____ | _____ | | |
| Inst No: _____ | _____ | | |
| Batt/Source Chk: _____ | _____ | | |
| Cal. Due Date: _____ | _____ | | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F #) = Floor wipe | | | |



| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 412-419



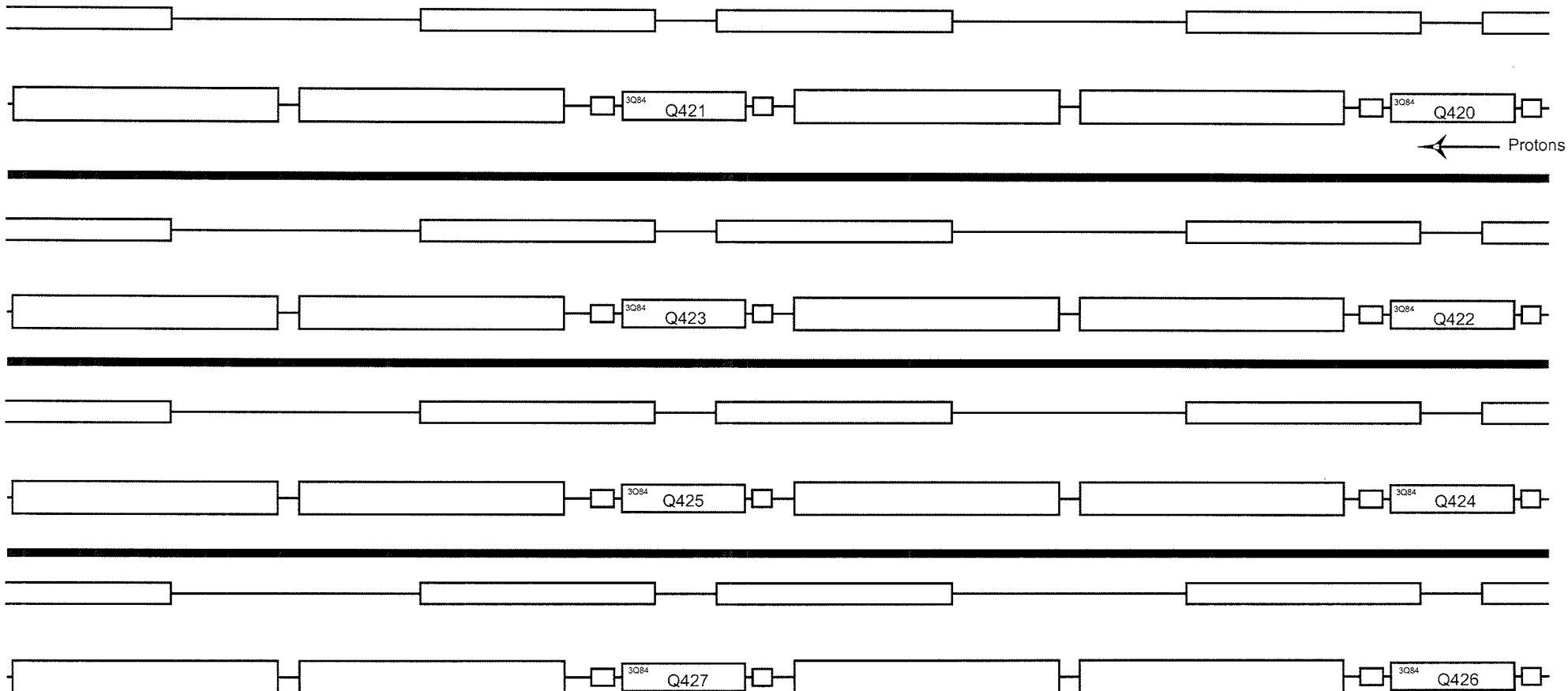
| | | | |
|----------------|----------------|------------|--|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>< 5</u> mR/hr @ 1foot |
|----------------|----------------|------------|--|

| | | | | | |
|---|--|--|----------------|------------|--|
| Radiation Instruments Used | | | Bkgd _____ cpm | | Comments: |
| Inst Type: | | | Wipe = | Reading | |
| Inst No: | | | _____ | _____ ccpm | |
| Batt/Source Chk: | | | _____ | _____ ccpm | |
| Cal. Due Date: | | | _____ | _____ ccpm | |
| All Areas < 5 mR/hr@1foot (Unless otherwise indicated) | | | _____ | _____ ccpm | Surveyed By: _____ Reviewed By: _____ |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact | | | _____ | _____ ccpm | |
| A = Air Sample (⊖) = Wipe (F#) = Floor wipe | | | _____ | _____ ccpm | |
| | | | _____ | _____ ccpm | |
| | | | _____ | _____ ccpm | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 420-427

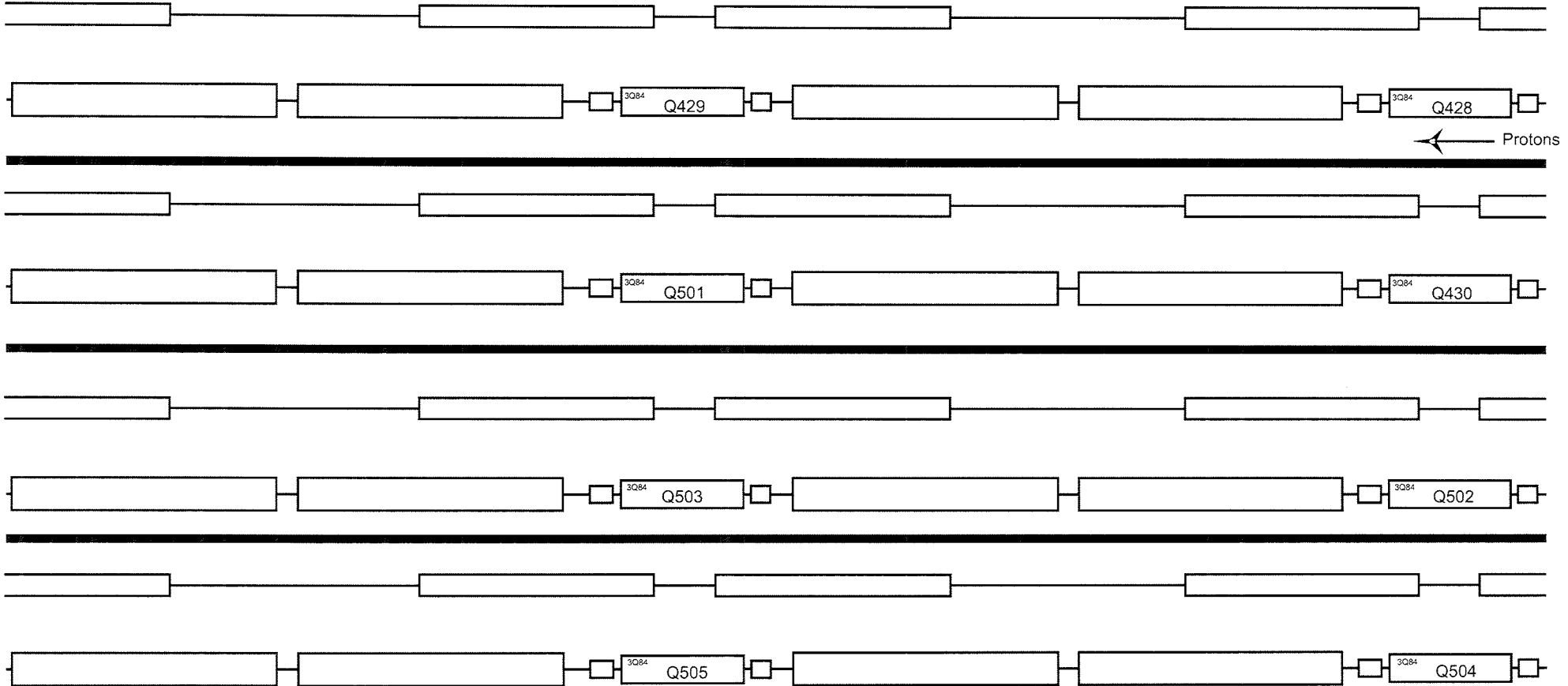


| | | | |
|---|----------------|--|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>< 5</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe = Reading Wipe = Reading _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: _____ | _____ | | |
| Inst No: _____ | _____ | | |
| Batt/Source Chk: _____ | _____ | | |
| Cal. Due Date: _____ | _____ | | |
| All Areas < 5 mR/hr@1foot (Unless otherwise indicated) LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 428-505



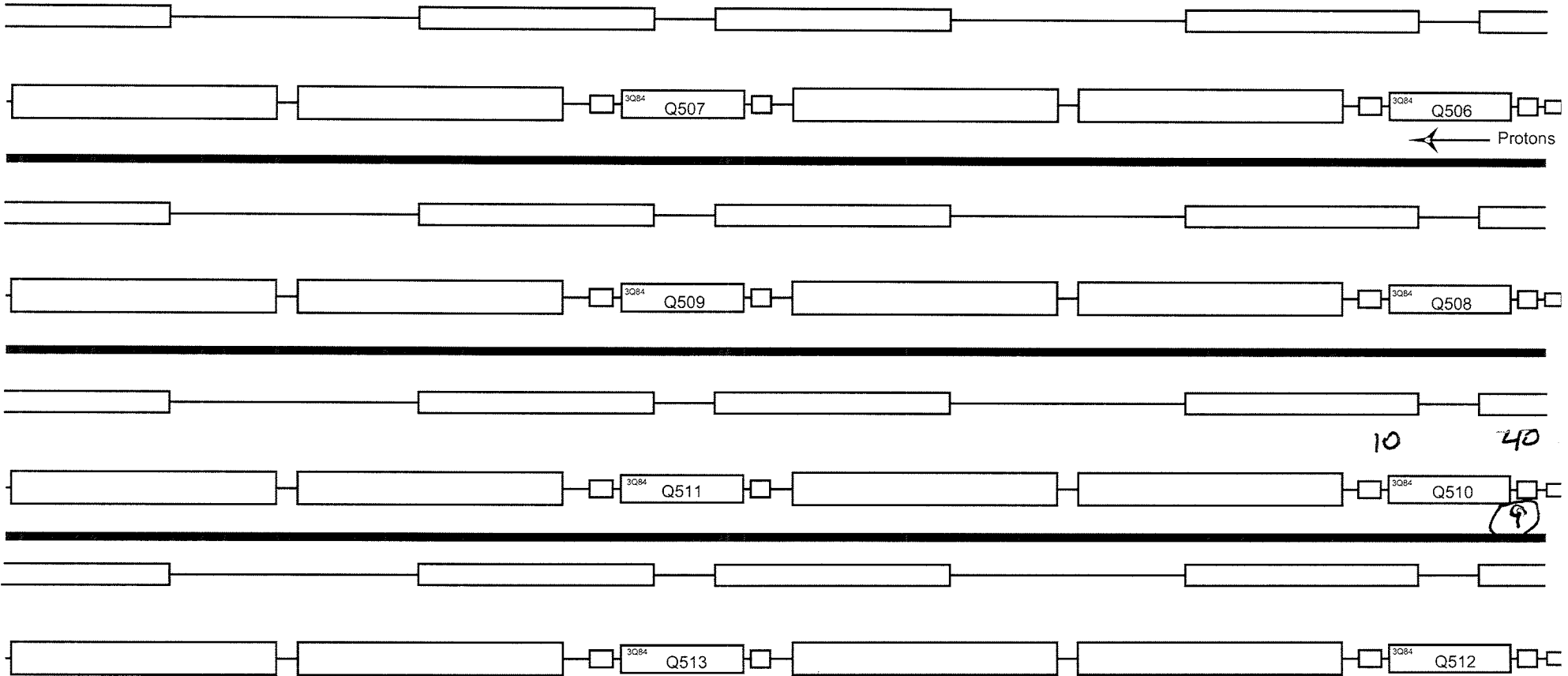
| | | | |
|--|----------------|--|---|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>< 5</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe # Reading Wipe # Reading _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ |
| Inst Type: _____ | _____ | | |
| Inst No: _____ | _____ | | |
| Batt/Source Chk: _____ | _____ | | |
| Cal. Due Date: _____ | _____ | | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | |



| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 506-513

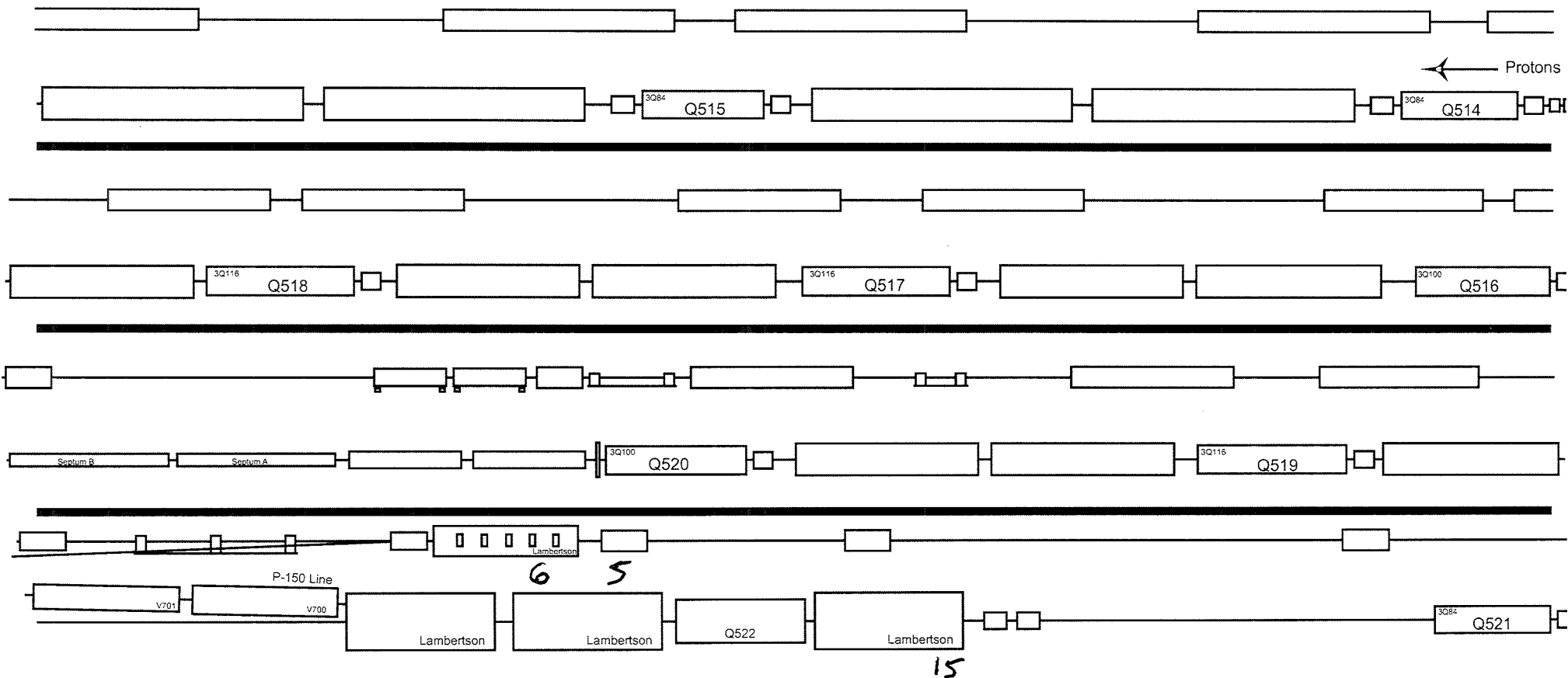


| | | | |
|---|----------------|--|--|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>40</u> mR/hr @ 1foot |
| Radiation Instruments Used | | Bkgd _____ cpm | Comments: |
| Inst Type: _____ | _____ | Wipe # Reading Wipe # Reading | |
| Inst No: _____ | _____ | <u>9</u> <u>0</u> ccpm _____ ccpm | |
| Batt/Source Chk: _____ | _____ | _____ ccpm _____ ccpm | |
| Cal. Due Date: _____ | _____ | _____ ccpm _____ ccpm | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | _____ ccpm _____ ccpm | Surveyed By: _____ Reviewed By: _____ |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | _____ ccpm _____ ccpm | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 514-522

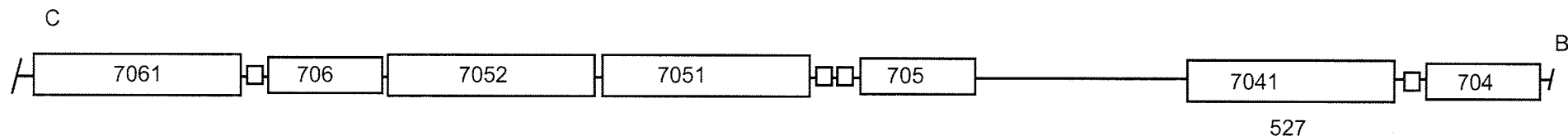


| | | | | | |
|--|----------------|--|---|--|-------|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>15</u> mR/hr @ 1foot | | |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe = Reading Wipe = Reading _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ | | |
| Inst Type: _____ | _____ | | | | _____ |
| Inst No: _____ | _____ | | | | _____ |
| Batt/Source Chk: _____ | _____ | | | | _____ |
| Cal. Due Date: _____ | _____ | | | | _____ |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | | | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

P-150 LINE



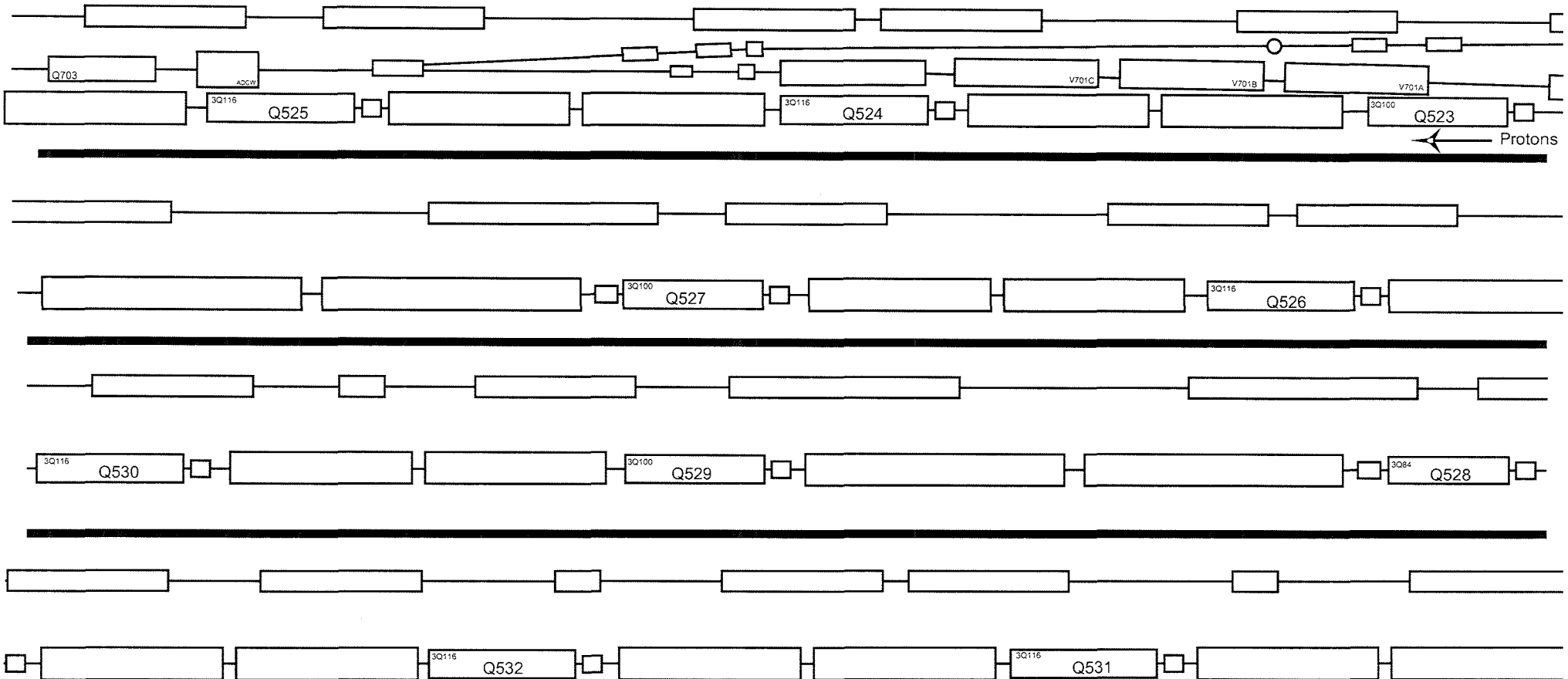
SEE F0 MAPS F0 ENCLOSURE GATE MN INJ ENCLOSURE

| | | | | | | |
|--|----------------|--|---|--|------------------------|----------------------|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>< 5</u> mR/hr @ 1foot | | | |
| Radiation Instruments Used | | Bkgd _____ cpm Wipe = Reading Wipe = Reading _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm _____ ccpm | Comments: Surveyed By: _____ Reviewed By: _____ | | | |
| Inst Type: _____ | Inst No: _____ | | | | Batt/Source Chk: _____ | Cal. Due Date: _____ |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F#) = Floor wipe | | | | | | |
| | | | | | | |

| | | | |
|-------|-------|----------|-------|
| DATE: | TIME: | PURPOSE: | RWP # |
|-------|-------|----------|-------|

This Survey is part of the MI 20-62 survey package. See attached cover sheet for surveyor, instrument, and review information.

MI 523-532



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------|------------|--|--|----------------|--|--|--|--------|---------|--------|---------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|
| Beam Off Date: | Beam Off Time: | Intensity: | Highest Dose Rate Found: <u>< 5</u> mR/hr @ 1foot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiation Instruments Used | | | Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inst Type: _____ | _____ | _____ | | <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">Bkgd _____ cpm</td> </tr> <tr> <td style="text-align: center;">Wipe #</td> <td style="text-align: center;">Reading</td> <td style="text-align: center;">Wipe #</td> <td style="text-align: center;">Reading</td> </tr> <tr> <td>_____</td> <td>_____ ccpm</td> <td>_____</td> <td>_____ ccpm</td> </tr> <tr> <td>_____</td> <td>_____ ccpm</td> <td>_____</td> <td>_____ ccpm</td> </tr> <tr> <td>_____</td> <td>_____ ccpm</td> <td>_____</td> <td>_____ ccpm</td> </tr> <tr> <td>_____</td> <td>_____ ccpm</td> <td>_____</td> <td>_____ ccpm</td> </tr> <tr> <td>_____</td> <td>_____ ccpm</td> <td>_____</td> <td>_____ ccpm</td> </tr> </table> | Bkgd _____ cpm | | | | Wipe # | Reading | Wipe # | Reading | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm | _____ | _____ ccpm |
| Bkgd _____ cpm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wipe # | Reading | Wipe # | | | Reading | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ ccpm | _____ | | | _____ ccpm | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ ccpm | _____ | _____ ccpm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ ccpm | _____ | _____ ccpm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ ccpm | _____ | _____ ccpm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ ccpm | _____ | _____ ccpm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inst No: _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Batt/Source Chk: _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cal. Due Date: _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All Areas < <u>5</u> mR/hr@1foot (Unless otherwise indicated) | | | Surveyed By: _____ Reviewed By: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEGEND: Numbers appearing on map are mR/hr @ 1 ft readings unless denoted with symbols below. * = mR/hr @ contact A = Air Sample (#) = Wipe (F #) = Floor wipe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |