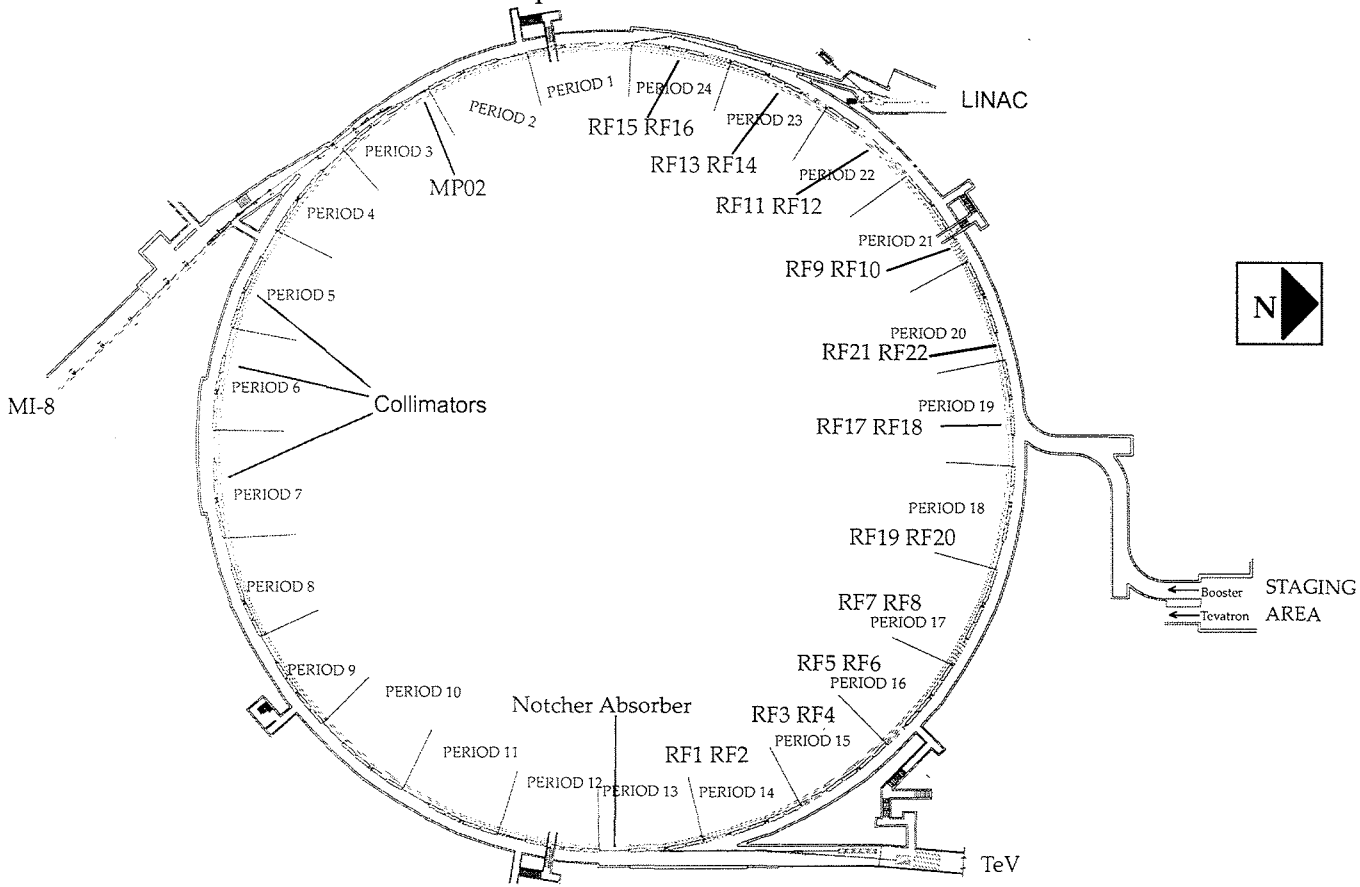
Fermilab
ES&H

DATE: 5-13-20	TIME: 1030	PURPOSE: Initial Entry	RWP # AD-20-102

☑ This Survey is part of the **Booster** survey package. See attached cover sheet for surveyor, instrument, and review information.

BOOSTER COVER SHEET

Updated 6/13/19



MAPS INCLUDED

- MAP 1
- MAP 2
- MAP 3
- MAP 4
- MAP 5
- MAP 6
- MAP 7
- MAP 8
- INJECTION
- EXTRACTION

Beam Off Date: 3/20/20	Beam Off Time: 1300	Intensity: 4.35 E12 ppp	**Highest Dose Rate Found:** 140 **mR/hr @ 1foot**

Radiation Instruments Used

Inst Type:	L5M	E140N	
Inst No:	82	17	
Batt/Source Chk:	SAT	SAT	
Cal. Due Date:	1-21	10-20	

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

Bkgd _____ cpm

Wipe #	Reading		Wipe #	Reading	
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm

Comments:

Surveyed By: White / Feldsam

Reviewed By:

Fermilab
ES&H

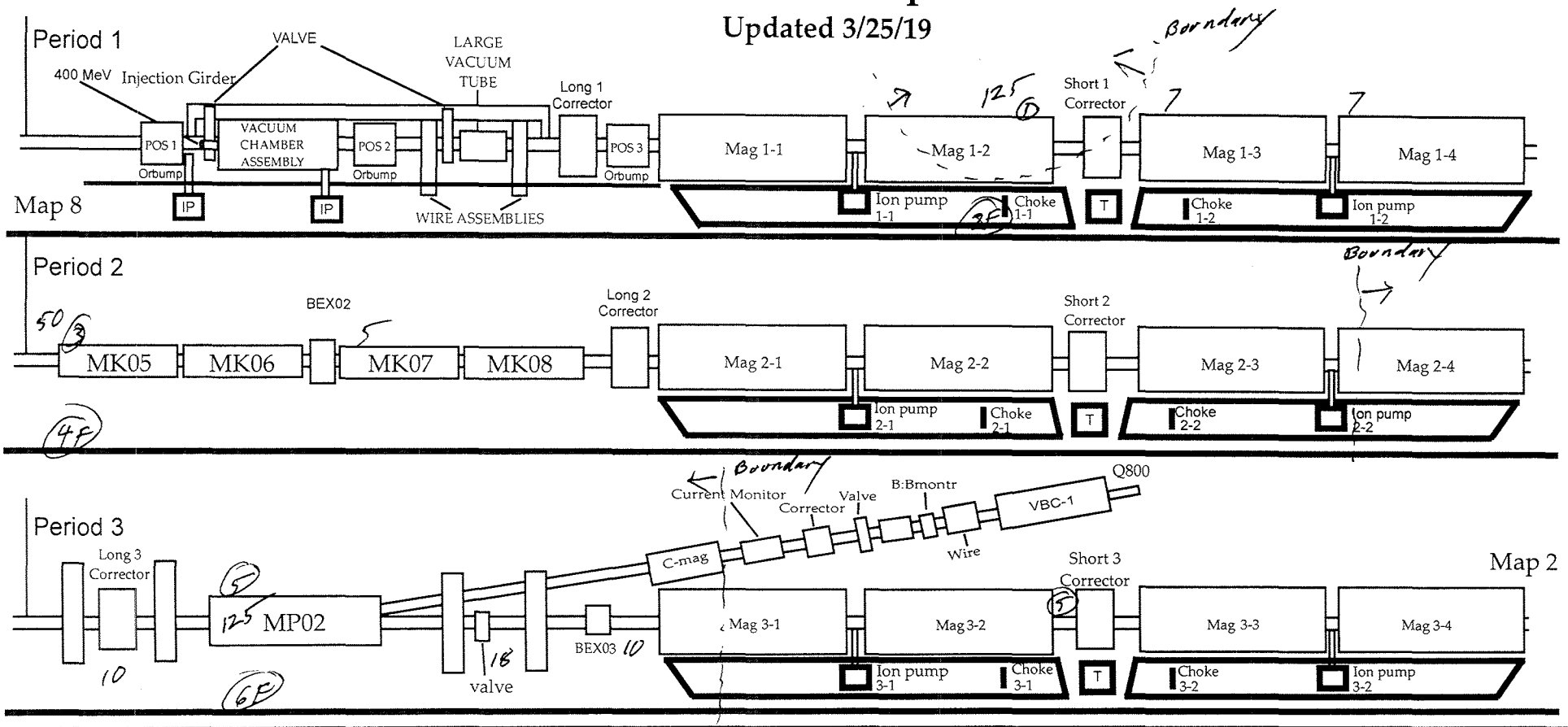
DATE:	TIME:	PURPOSE:	RWP # AD-20-102

☑ This Survey is part of the **Booster** survey package. See attached cover sheet for surveyor, instrument, and review information.

→ Beam Direction

Booster Map 1

Updated 3/25/19



Beam Off Date:	Beam Off Time:	Intensity:	**Highest Dose Rate Found:** 125 **mR/hr @ 1foot**

Radiation Instruments Used

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

Bkgd 20 cpm

Wipe #	Reading		Wipe #	Reading	
1	0	ccpm			ccpm
2	0	ccpm			ccpm
3	0	ccpm			ccpm
4	0	ccpm			ccpm
5	0	ccpm			ccpm
6	0	ccpm			ccpm

Comments:

Surveyed By: _____

Reviewed By: _____

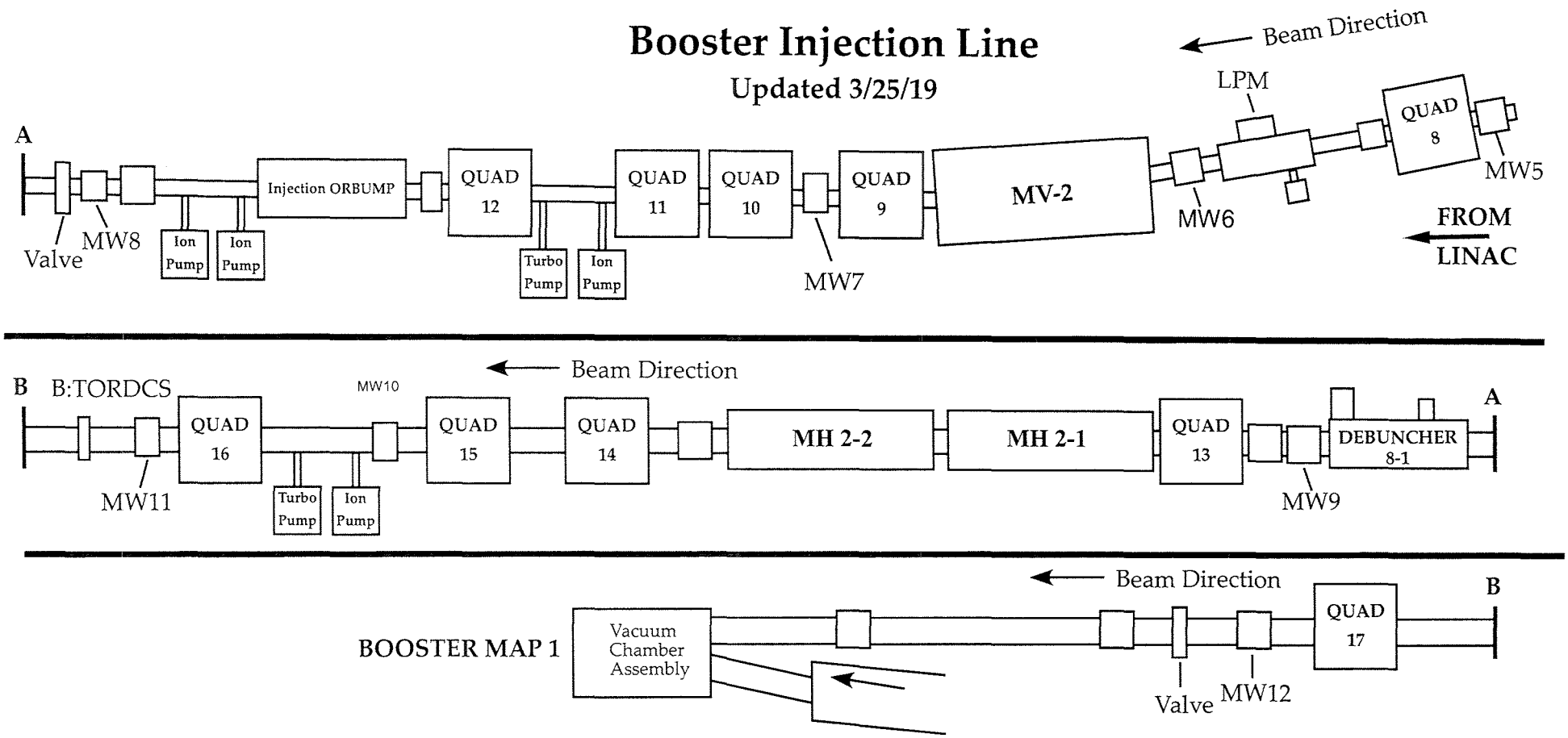
Fermilab
ES&H

DATE:	TIME:	PURPOSE:	RWP #

☑ This Survey is part of the **Booster** survey package. See attached cover sheet for surveyor, instrument, and review information.

Booster Injection Line

Updated 3/25/19



Beam Off Date:	Beam Off Time:	Intensity:	**Highest Dose Rate Found:** <5 **mR/hr @ 1foot**

Radiation Instruments Used

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

Bkgd _____ cpm

Wipe #	Reading		Wipe #	Reading	
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm

Comments:

Surveyed By: _____

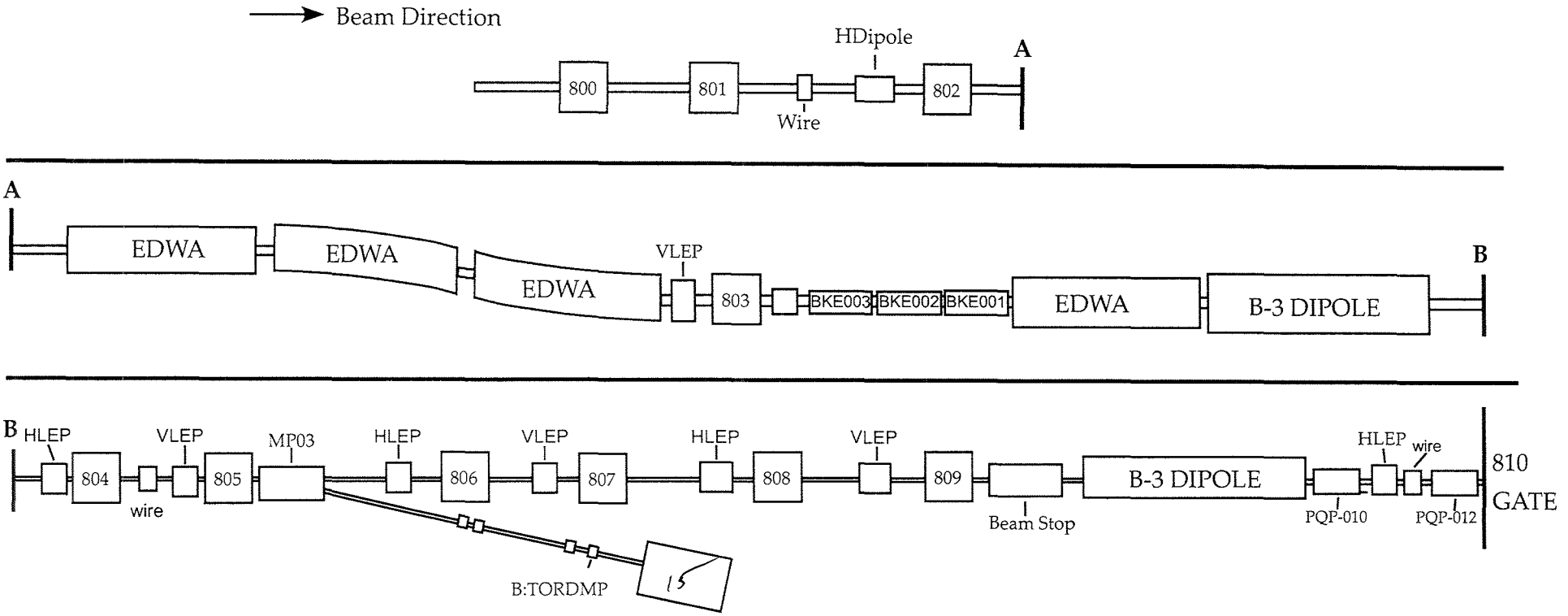
Reviewed By: _____

Fermilab
ES&H

DATE:	TIME:	PURPOSE:	RWP #

☑ This Survey is part of the **Booster** survey package. See attached cover sheet for surveyor, instrument, and review information.

BOOSTER MI-8 LINE EXTRACTION



Beam Off Date:	Beam Off Time:	Intensity:	**Highest Dose Rate Found:** 15 **mR/hr @ 1foot**

Radiation Instruments Used

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

Bkgd _____ cpm

Wipe #	Reading		Wipe #	Reading	
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm

Comments:

Surveyed By: _____

Reviewed By: _____

Fermilab
ES&H

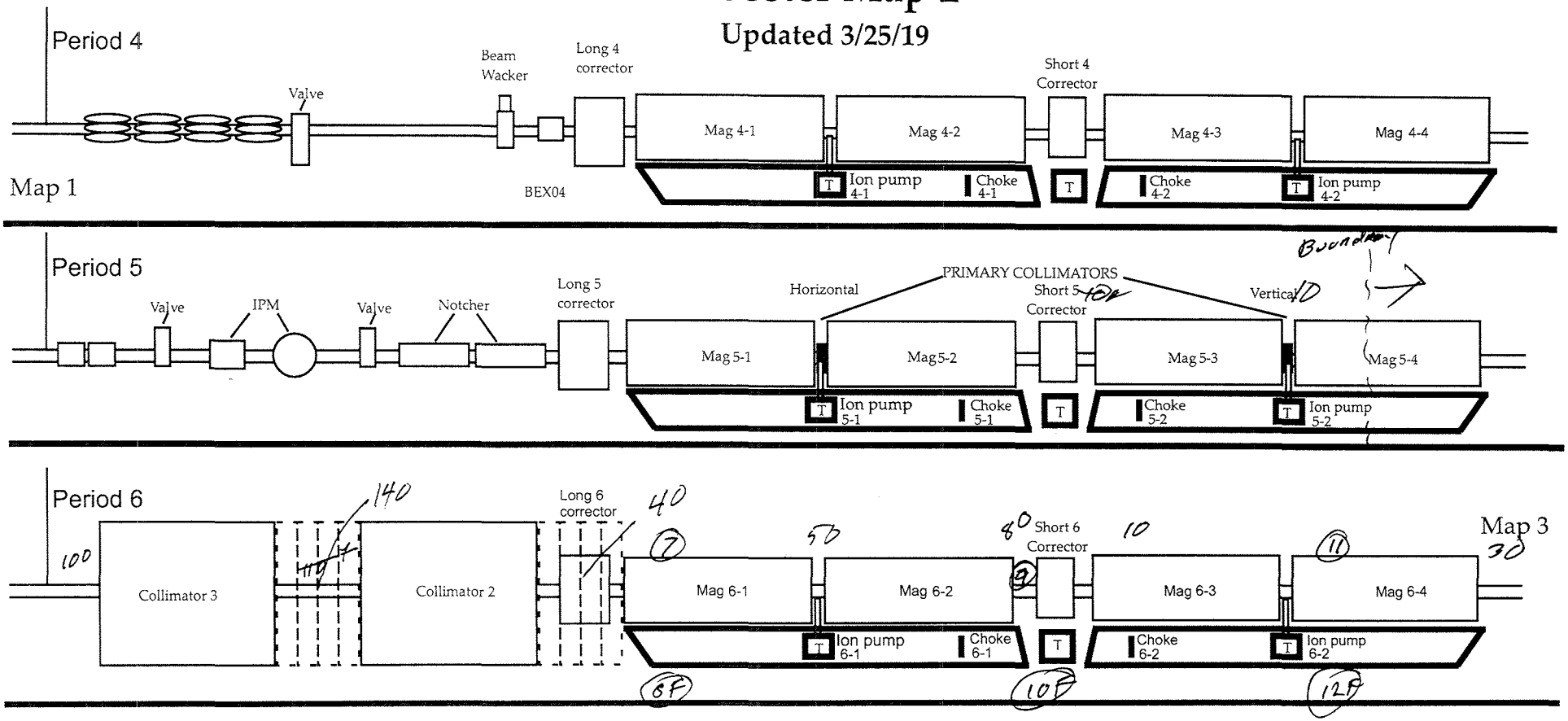
DATE:	TIME:	PURPOSE:	RWP #

☑ This Survey is part of the **Booster** survey package. See attached cover sheet for surveyor, instrument, and review information.

→ Beam Direction

Booster Map 2

Updated 3/25/19



Beam Off Date:	Beam Off Time:	Intensity:	**Highest Dose Rate Found:** 140 **mR/hr @ 1foot**

Radiation Instruments Used

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

Bkgd 20 cpm

Wipe #	Reading		Wipe #	Reading	
7	0	ccpm			ccpm
8	0	ccpm			ccpm
9	50	ccpm			ccpm
10	6	ccpm			ccpm
11	0	ccpm			ccpm
12	0	ccpm			ccpm

Comments:

Surveyed By: _____

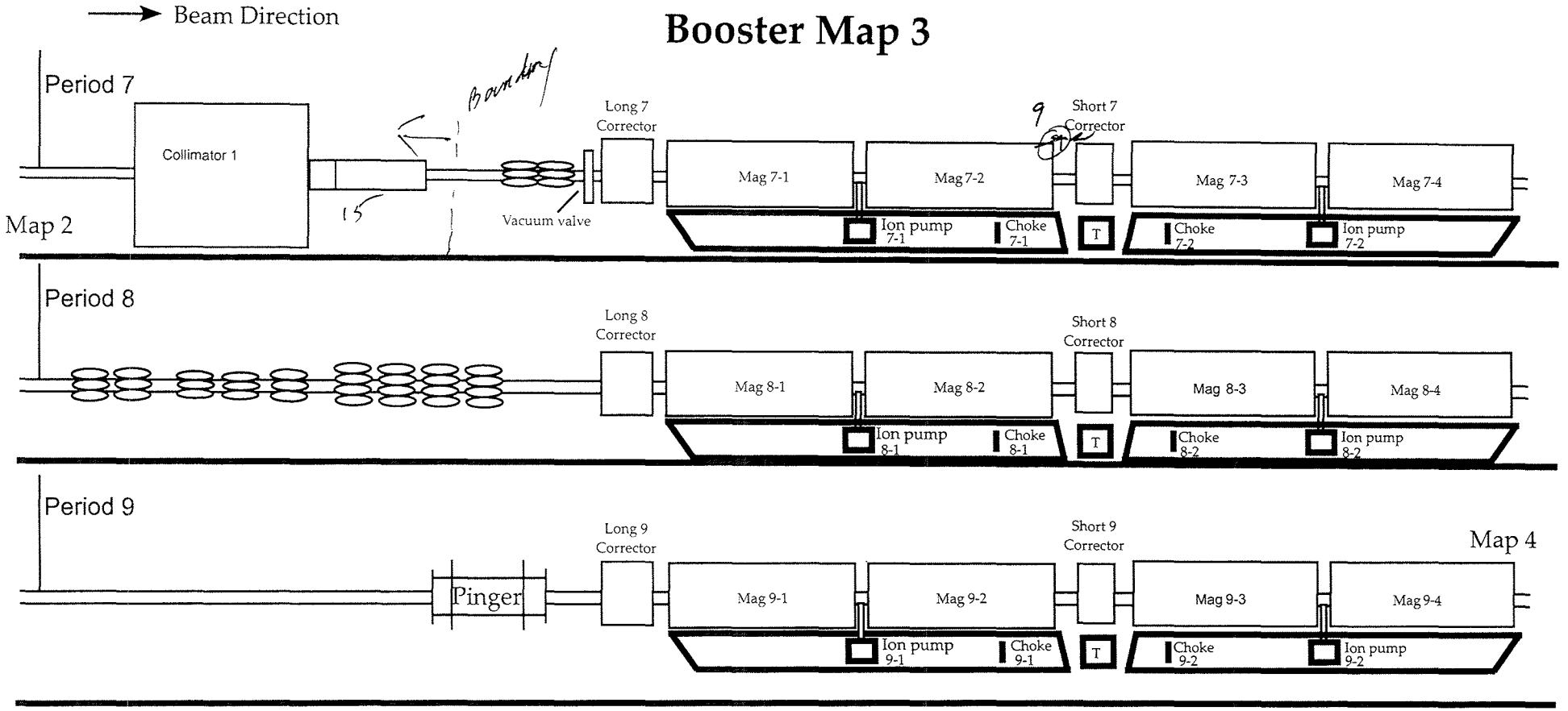
Reviewed By: _____

Fermilab
ES&H

DATE:	TIME:	PURPOSE:	RWP #

☑ This Survey is part of the **Booster** survey package. See attached cover sheet for surveyor, instrument, and review information.

Booster Map 3



Beam Off Date:	Beam Off Time:	Intensity:	**Highest Dose Rate Found:** 9 **mR/hr @ 1foot**

Radiation Instruments Used

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

Bkgd _____ cpm

Wipe #	Reading		Wipe #	Reading	
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm

Comments:

Surveyed By: _____

Reviewed By: _____

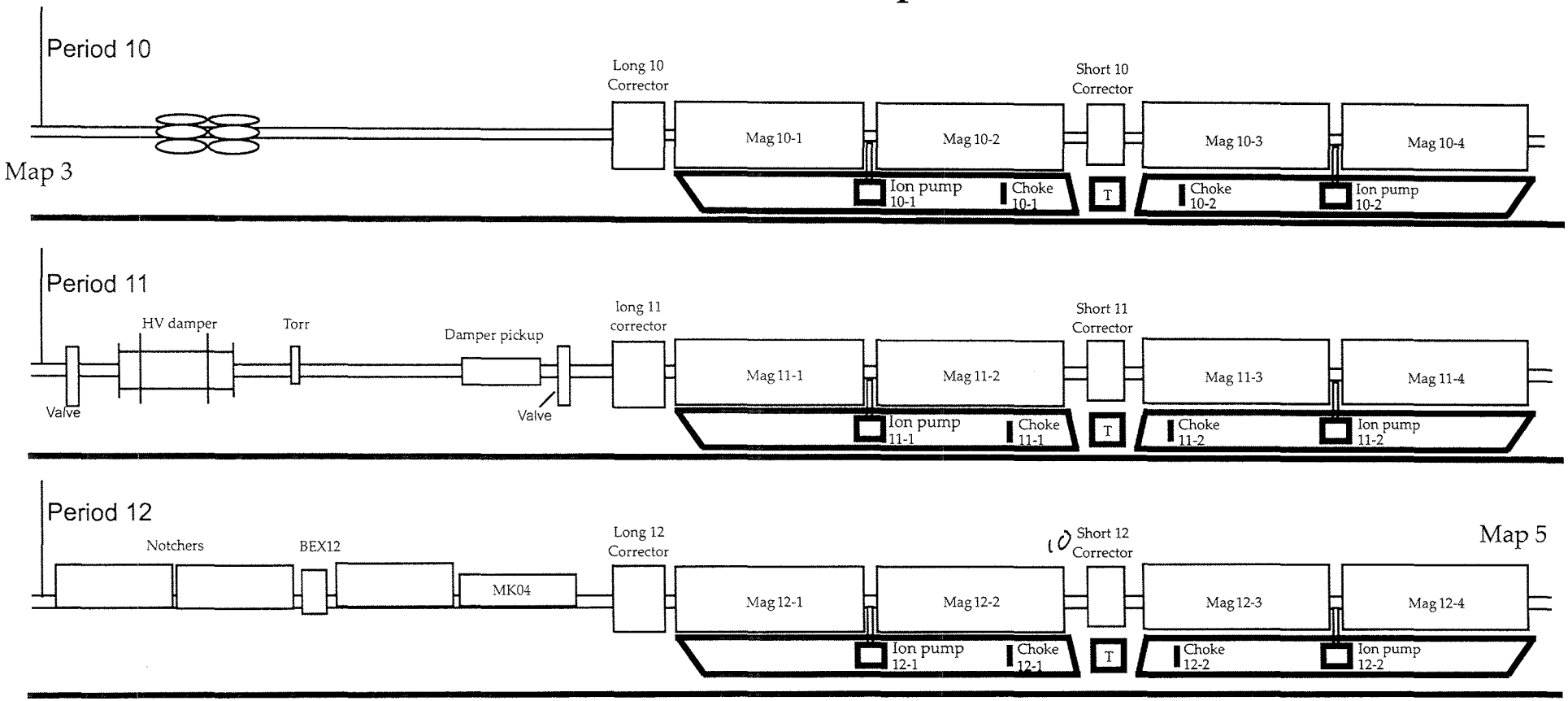
Fermilab
ES&H

DATE:	TIME:	PURPOSE:	RWP #

☑ This Survey is part of the **Booster** survey package. See attached cover sheet for surveyor, instrument, and review information.

Booster Map 4

→ Beam Direction



Beam Off Date:	Beam Off Time:	Intensity:	**Highest Dose Rate Found:** 10 **mR/hr @ 1foot**

Radiation Instruments Used

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

Bkgd _____ cpm

Wipe #	Reading		Wipe #	Reading	
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm
____	____	ccpm	____	____	ccpm

Comments:

Surveyed By: _____

Reviewed By: _____

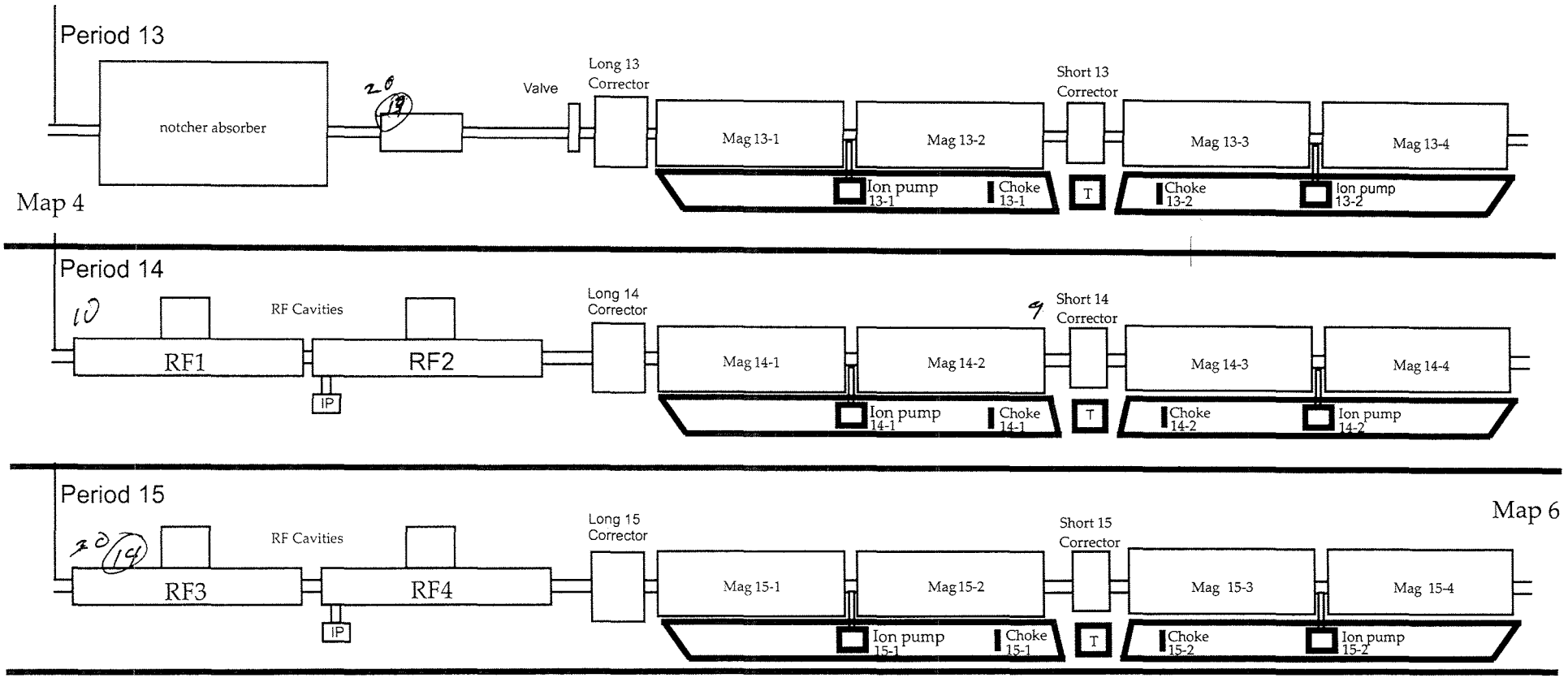
Fermilab
ES&H

DATE:	TIME:	PURPOSE:	RWP #

☑ This Survey is part of the **Booster** survey package. See attached cover sheet for surveyor, instrument, and review information.

Booster Map 5

→ Beam Direction



Beam Off Date:	Beam Off Time:	Intensity:	**Highest Dose Rate Found:** 20 **mR/hr @ 1foot**

Radiation Instruments Used

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

Bkgd 20 cpm

Wipe #	Reading		Wipe #	Reading	
13	0	ccpm			ccpm
14	0	ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm

Comments:

Surveyed By: _____

Reviewed By: _____

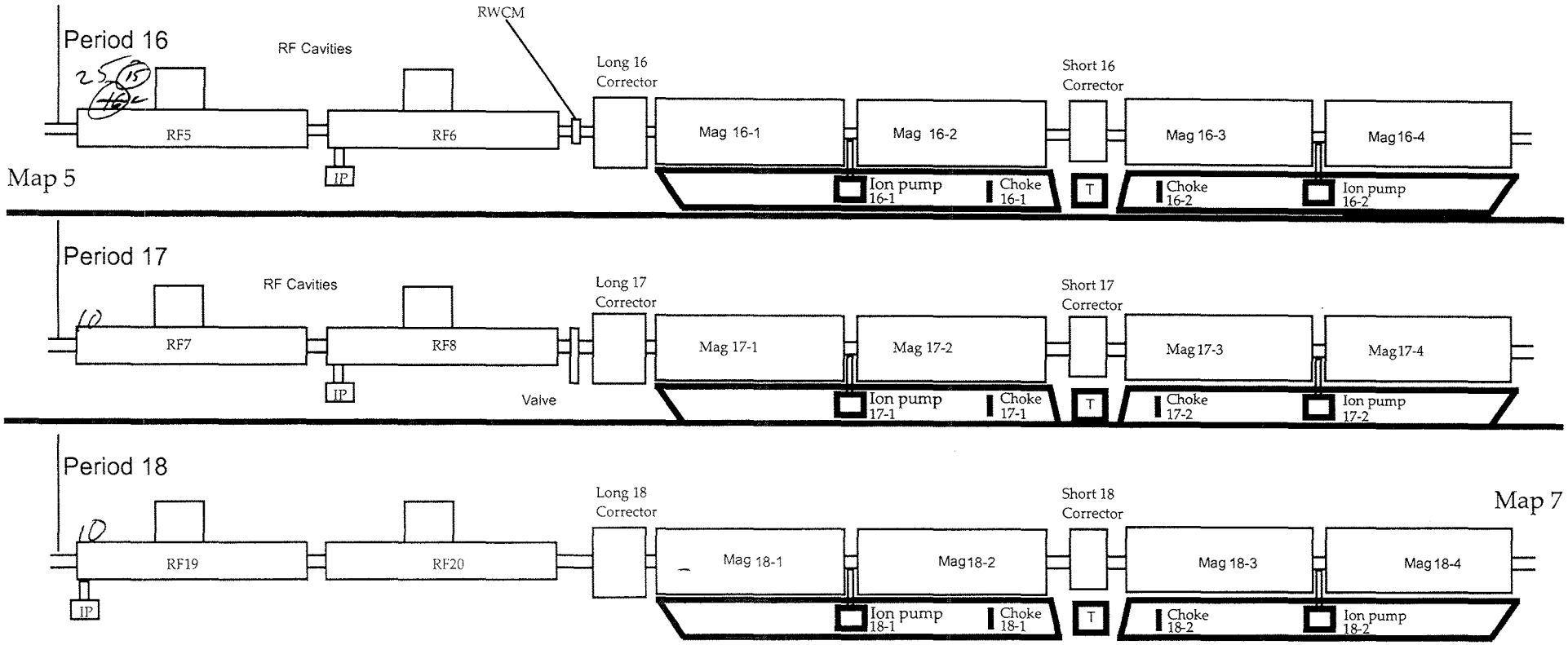
Fermilab
ES&H

DATE:	TIME:	PURPOSE:	RWP #

☑ This Survey is part of the **Booster** survey package. See attached cover sheet for surveyor, instrument, and review information.

Booster Map 6

→ Beam Direction



Beam Off Date:	Beam Off Time:	Intensity:	**Highest Dose Rate Found:** 25 **mR/hr @ 1foot**

Radiation Instruments Used

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

Bkgd 20 cpm

Wipe #	Reading		Wipe #	Reading	
16-1	0	ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm

Comments:

Surveyed By: _____

Reviewed By: _____

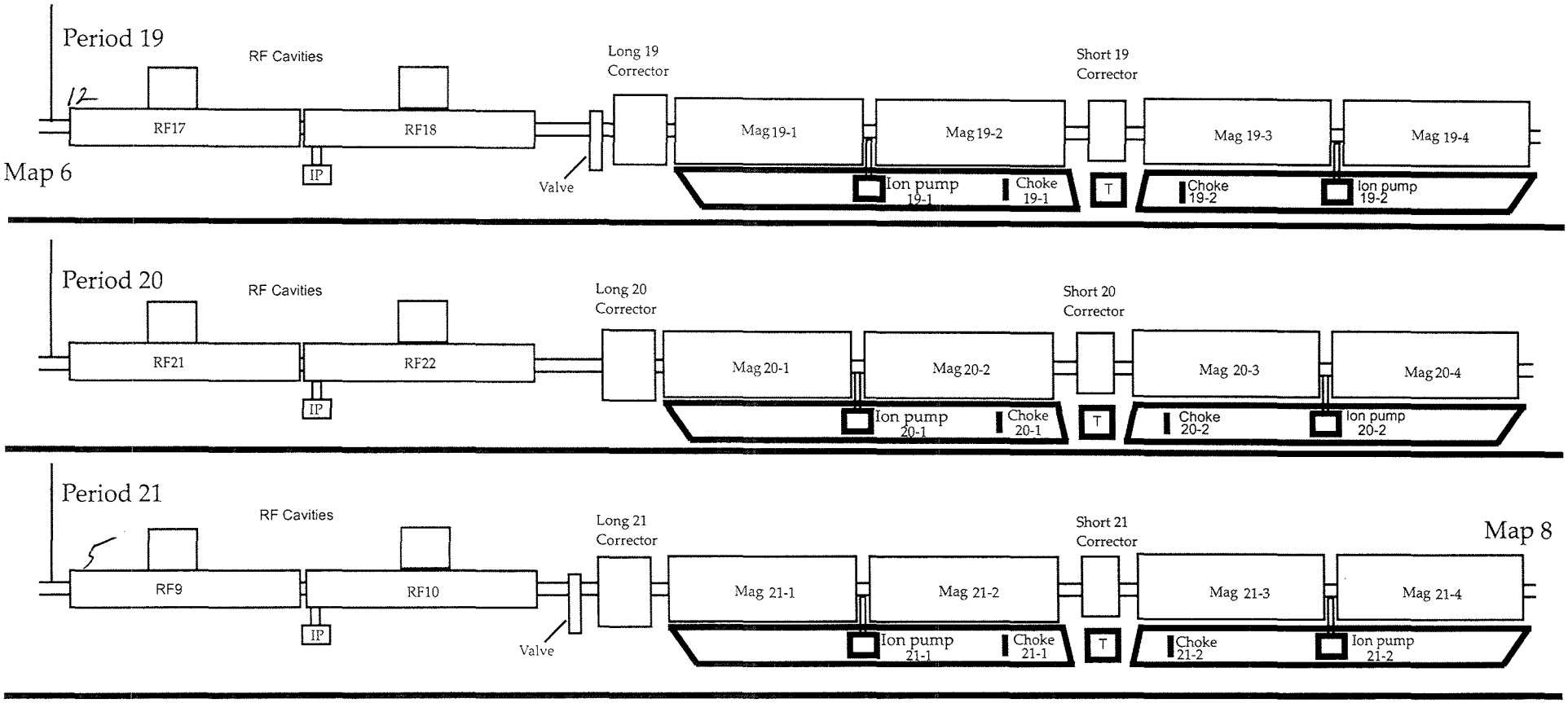
Fermilab
ES&H

DATE:	TIME:	PURPOSE:	RWP #

☑ This Survey is part of the **Booster** survey package. See attached cover sheet for surveyor, instrument, and review information.

Booster Map 7

→ Beam Direction



Beam Off Date:	Beam Off Time:	Intensity:	**Highest Dose Rate Found:** 12 **mR/hr @ 1foot**

Radiation Instruments Used

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

Bkgd _____ cpm

Wipe #	Reading		Wipe #	Reading	
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm

Comments:

Surveyed By: _____

Reviewed By: _____

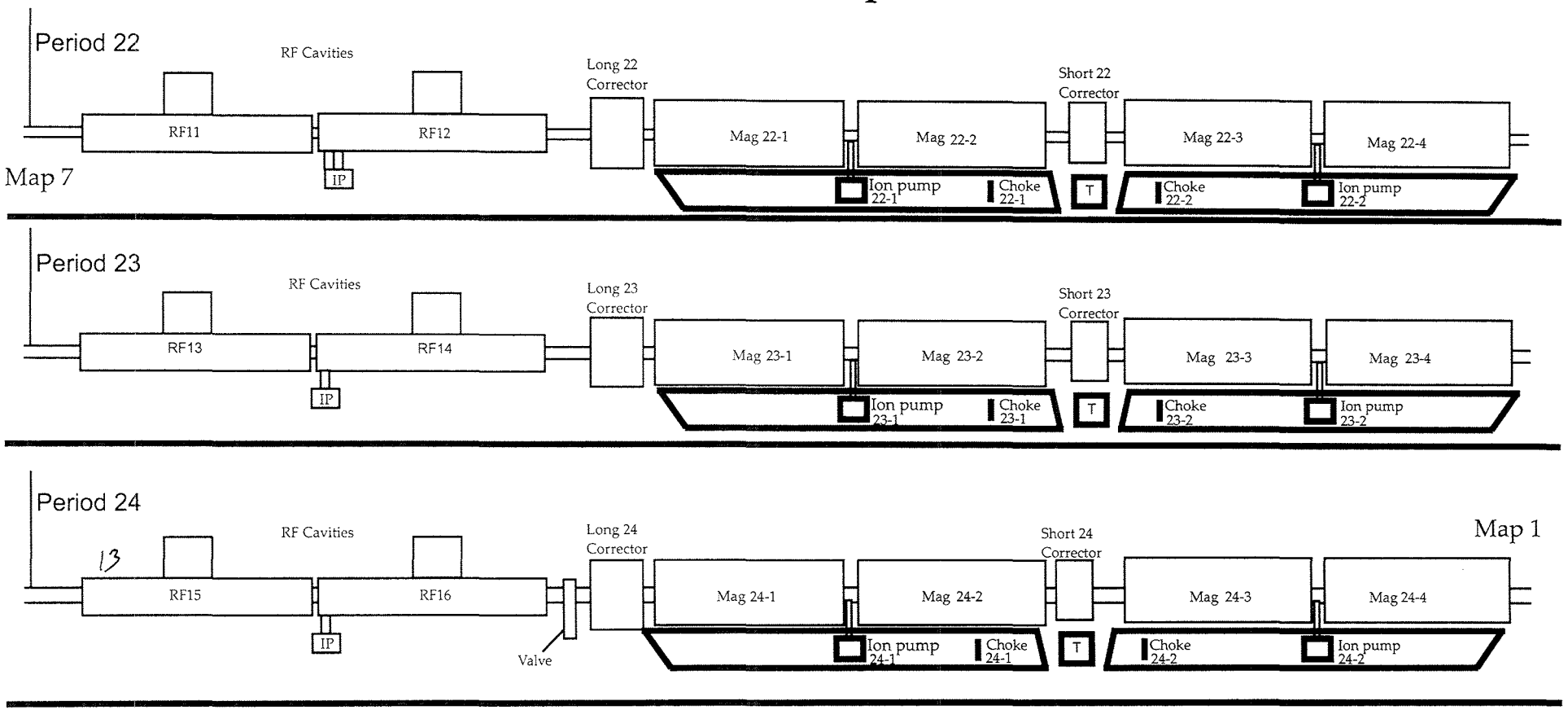
Fermilab
ES&H

DATE:	TIME:	PURPOSE:	RWP #

☑ This Survey is part of the **Booster** survey package. See attached cover sheet for surveyor, instrument, and review information.

→ Beam Direction

Booster Map 8



Beam Off Date:	Beam Off Time:	Intensity:	**Highest Dose Rate Found:** 13 **mR/hr @ 1foot**

Radiation Instruments Used

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

Bkgd _____ cpm

Wipe #	Reading		Wipe #	Reading	
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm
		ccpm			ccpm

Comments:

Surveyed By: _____

Reviewed By: _____