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)