

RADIOLOGICAL MONITORING, MEASUREMENT, AND CONTROL FORMS

Figure 2. FRMAC Form 2: Sample Control Form

SAMPLE CONTROL FORM & CHAIN OF CUSTODY			<i>"Sample Control Barcode"</i>			
Sampling Information (to be filled out by the Field Team)						
Collection Team ID:		Collector's Name:		Org:		
Location: <input type="checkbox"/> GPS		Latitude: _____		Description: _____		
		Longitude: _____				
Collection Date:		Collection Time (Military):		# of Containers	Contact Dose Rate:	
Remarks: _____						
Sample Type (use only once)	Air	Sampler ID #		Type:	Filter size & Type:	
		Date ON:		Time ON:	Date OFF:	Time OFF:
		Start Flow:		Stop Flow:		OR Total Volume:
	Milk	<input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Other _____		<input type="checkbox"/> Stored Feed	<input type="checkbox"/> Pasture	<input type="checkbox"/> Other _____
		Milking Date:		Milking Time:		Number of Animals sampled:
	Ground	Depth of soil sample: _____ cm		Vegetation collected with soil samples? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Sample surface area:		If vegetation in separate container, provide sample #:		
	Water	<input type="checkbox"/> Surface <input type="checkbox"/> Ground/ Well <input type="checkbox"/> Portable/ Tap <input type="checkbox"/> Other:				
	Other	<input type="checkbox"/> Vegetation <input type="checkbox"/> Feed <input type="checkbox"/> Produce <input type="checkbox"/> Swipe <input type="checkbox"/> Other:				
	Describe: _____					
Sample Receiving (to be filled out by sample receiving technician)						
Processing Priority:		Dup Sample #:		Split Sample #:		
Screening Value:				<input type="checkbox"/> Contamination Check: Forms and sample bags surveyed.		
Sample Remarks: _____						
Analysis Requested:				<input type="checkbox"/> Sample Preparation Required, send to sample preparation area before laboratory		
Laboratory Assignment: _____						
Special Instructions: _____						
Custody Transfer (Signatures)						
Relinquished By:		Date	Time	Received By:		
Relinquished By:		Date	Time	Received By:		
Relinquished By:		Date	Time	Received By:		
Relinquished By:		Date	Time	Received By:		

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