

RadNet Drinking Water Report
United States Environmental Protection Agency
National Air and Radiation Environmental Laboratory
540 South Morris Avenue
Montgomery, AL 36115-2601
Telephone: (334) 270-3400
Facsimile: (334) 270-3454

1. Date of Collection: _____
2. Quarter: (CIRCLE ONE) Jan-Mar Apr-Jun Jul-Sep Oct-Dec Year: _____
3. Station (City,State): _____
4. Tap Location: _____
5. Name of Collector: _____
6. Office Address: _____

7. Shipping Address: _____

8. Telephone: _____
9. Fascimile: _____
10. Comments: _____

Please check here if reporting change of address or collector.

(CIRCLE ONE)

The following is provided in accordance with the Paperwork Reduction Act. Public reporting burden for this collection of information is estimated to vary from .58 to 1.35 hours per response, depending on media type collected with an average of 1.08 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect, including suggestions for reducing this burden to the laboratory director at the above address and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

ERAMS Pasteurized Milk Report
United States Environmental Protection Agency
National Air and Radiation Environmental Laboratory
540 South Morris Avenue
Montgomery, AL 36115-2601
Telephone: (334) 270-3400
Facsimile: (334) 270-3454

1. Date of Collection: _____
2. Quarter: Jan-Mar Apr-June Jul-Sept Oct-Dec Year: _____
3. Principal City: _____
4. Name of Collector: _____
5. Address of Collector: _____

6. Telephone Number of Collector: _____
7. Facsimile Number of Collector: _____
8. EPA Bottle Number: _____
9. Names of Contributing Plants/Dairies: _____

10. Specify pounds or gallons produced per day on the sample collection date by the contributing plants/dairies: _____
11. Comments: _____

Please check here if reporting change of address or collector.

The following is provided in accordance with the Paperwork Reduction Act. Public reporting burden for this collection of information is estimated to vary from .58 to 1.35 hours per response, depending on media type collected with an average of 1.08 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect, including suggestions for reducing this burden to the laboratory director at the address above and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

AIR PARTICULATE SAMPLE REPORT



RADNET

Tracking Environmental Radiation Nationwide

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
NATIONAL AIR AND RADIATION ENVIRONMENTAL
LABORATORY
540 SOUTH MORRIS AVENUE
MONTGOMERY, AL 36115-2601
PHONE: (334) 270-3400 FACSIMILE: (334) 270-3454

THIS SECTION FOR USE BY NAREL PERSONNEL ONLY

SAMPLE ID: RAN - _____ DATE RECEIVED: _____

COMMENTS: _____

SAMPLE INFORMATION

STATION NUMBER: _____ LOCATION: _____

DATE/TIME OF COLLECTION (Coordinated Universal Time): _____

NAME OF STATION OPERATOR: _____

STATION OPERATOR'S TELEPHONE NUMBER: _____

COMMENTS: _____

AIR SAMPLING DATA

SAMPLE START DATE/TIME (Coordinated Universal Time): _____

SAMPLE STOP DATE/TIME (Coordinated Universal Time): _____

TOTAL SAMPLE TIME (hours): _____ SAMPLE VOLUME (m³): _____

AVERAGE SAMPLE FLOW RATE (m³/hour): _____

FIELD ACTIVITY CALCULATION

MEASUREMENT DATE/TIME (Coordinated Universal Time): _____

GROSS ALPHA/BETA CPM: _____

BACKGROUND CPM: - _____

NET ALPHA/BETA CPM: _____

ALPHA CPM _____

ALPHA CPM: - _____

NET BETA CPM: _____

ALPHA EFFICIENCY: X _____
(pCi/cpm)

BETA EFFICIENCY: X _____
(pCi/cpm)

ALPHA ACTIVITY: _____ pCi

BETA ACTIVITY: _____ pCi

SAMPLE VOLUME: / _____ m³

SAMPLE VOLUME: / _____ m³

α CONCENTRATION _____ pCi/m³

β CONCENTRATION _____ pCi/m³

β/α RATIO: _____

ERAMS AIR PARTICULATE REPORT

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
NATIONAL AIR AND RADIATION ENVIRONMENTAL LABORATORY
540 SOUTH MORRIS AVENUE
MONTGOMERY, AL 36115-2601
PHONE: (334) 270-3400 FAX: (334) 270-3454

FOR USE BY NAREL PERSONNEL ONLY

SAMPLE ID: RAN - _____ DATE RECEIVED: _____

COMMENTS: _____

SAMPLE INFORMATION

1. STATION NUMBER: _____ LOCATION: (city,state) _____
2. DATE OF COLLECTION: _____
3. STATION OPERATOR: _____
4. STATION OPERATOR'S TELEPHONE: _____
5. COMMENTS: _____

AIR SAMPLING DATA

6. SAMPLE START TIME (month/day/year) : _____ (hr:min) _____ : _____
7. SAMPLE STOP TIME (month/day/year) : _____ (hr:min) _____ : _____
8. DURATION (hr:min:sec) : _____ : _____ : _____
9. AVG AIR FLOW (m³/hr): _____
10. AIR VOLUME (m³): _____

FIELD ESTIMATE CALCULATION (Must wait 5 hours from time sample is collected to perform field estimate)

11. FIELD ESTIMATE DATE/TIME (month/day/year): _____ (hr:min) _____ : _____
12. STANDARD ACTIVITY (pCi): _____
13. STANDARD GROSS CPM: _____
14. BACKGROUND CPM: _____
15. STANDARD NET CPM: _____
16. SAMPLE GROSS CPM: _____
17. BACKGROUND CPM: _____
18. SAMPLE NET CPM: _____

19. GROSS BETA FIELD ESTIMATE CALCULATION:

$$\frac{\text{Sample Net CPM}}{\text{Standard Activity (pCi)}} \times \frac{\text{Standard Net CPM}}{\text{Air Volume (m}^3\text{)}} = \text{Field Estimate (pCi/m}^3\text{)}$$

OPERATOR SIGNATURE_____
DATE

Comments: _____

FMHV CALIBRATION REPORT

DATE: _____

SAMPLER LOCATION: City _____ State _____ FMHV SERIAL NUMBER: _____

TABLE 1 Calibrated Instrument Inventory

Calibrated Instrument	Calibration Date	Calibration Due Date
TEGAM Temperature Calibrator-Thermometer Serial #:		
DRUCK Digital Pressure Indicator –Barometer Serial #:		
DWYER Digital-Manometer Serial #:		
ANDERSEN Reference Orifice Serial #:		

TABLE 2 Temperature and Pressure Calibration Data

(NOTE: Depending on elevation, reference values for Abs P may need to be adjusted)

Calibration	1 st value	1 st gain	1 st offset	2 nd value	2 nd gain	2 nd offset	3 rd value	3 rd gain	3 rd offset	Reference Value	FMHV Value	*Difference	Warning (YES/NO)
Ambient T, deg C	- 20			40			0.0			7.0			
Abs P, mmHg	650			775			600			675			
Delta P, mmHg	0.0			10.0			5.0			8.0			

*Difference = FMHV Value – Reference Value

TABLE 3 Flow Calibration Data

Reference Value (calibrated instruments)	FMHV Value	**Difference	Calculated Value (after flow calibration)
Temp (deg C) =	Temp (deg C) =	deg C =	A2 =
Pressure (mmHg) =	Pressure (mmHg) =	mmHg =	A1 =
Delta P (mmHg) =	Delta P (mmHg) =	mmHg =	A0 =
			R^(2) Value =

**Difference = FMHV Value – Reference Value

TABLE 4 Flow Verification Data

Reference Value (m ³ /hr) Qc =	FMHV Value (m ³ /hr) Qa = 60.0	Motor Speed DA =	Flow Variation from Reference Value (Qa-Qc)/Qa =

Comments: _____

Time Calibration Completed: _____

Operator Signature: _____

FMHV CALIBRATION VERIFICATION REPORT

DATE: _____ FMHV SERIAL #: _____

SAMPLER LOCATION (City, State): _____

SAMPLER LOCATION (CITY, STATE): _____

TABLE 1 Calibrated Instrument Inventory

CALIBRATED INSTRUMENT	CALIBRATION DATE	CALIBRATION DUE DATE
TEGAM Temperature Calibrator-Thermometer Serial #:		
DRUCK Digital Pressure Indicator-Barometer Serial #:		
DWYER Digital-Manometer Serial #:		
ANDERSEN Reference Orifice Serial #:		

TABLE 2 Temperature, Pressure and Flow Calibration Data

*Difference = FMHV Value – Reference Value

PARAMETER	REFERENCE VALUE	FMHV VALUE	*DIFFERENCE	REQUIRED ACCURACY	WARNING (YES/NO)
Ambient T	deg C	deg C	deg C	±2 deg C	
Abs P	mmHg	mmHg	mmHg	±10 mmHg	
Delta P	mmHg	mmHg	mmHg	0.2 mmHg	
Flow	60.0 m ³ /hr	m ³ /hr	m ³ /hr	2 %	

COMMENTS: _____

TIME VERIFICATION COMPLETED: _____ OPERATOR SIGNATURE: _____

RadNet EQUIPMENT AND SUPPLY REQUEST FORM

SECTION I: STATION INFORMATION

DATE OF REQUEST: _____

STATION LOCATION: _____ STATION #: _____

STATION OPERATOR: _____

SHIPPING ADDRESS: _____

TELEPHONE: _____ FAX: _____

SECTION II: EQUIPMENT/SUPPLIES REQUESTED

AIR SUPPLIES

___ MAILING ENVELOPES

___ GLASSINE ENVELOPES

___ AIR REPORT FORMS

___ AIR FILTERS

___ FILTER FORCEPS

PRECIPITATION SUPPLIES

___ CUBITAINERS

___ SHIPPING CARTONS

___ VOLUME LABELS

___ RETURN LABELS

___ PARTS (PLEASE SPECIFY)

PARTS (PLEASE SPECIFY): _____

PLEASE CHECK IF REPORTING CHANGE OF ADDRESS OR COLLECTOR.
(CIRCLE ONE)

PLEASE FAX OR RETURN THIS FORM TO THE ATTENTION OF:

RadNet/SAMPLE PREPARATION
US EPA/NAREL
540 SOUTH MORRIS AVE.
MONTGOMERY, AL 36115-2601
FAX: (334) 270-3454

FOR EPA USE ONLY:

DATE REQUEST RECEIVED: _____ DATE REQUEST PROCESSED: _____

REQUEST PROCESSED BY: _____