



**RADNET**  
Tracking Environmental Radiation Nationwide

OMB Control No. 2060-0015  
Approval Expires XX/XX/XXXX

United States Environmental Protection Agency  
National Analytical Radiation Environmental Laboratory  
540 South Morris Avenue  
Montgomery, AL 36115-2601  
(334) 270-3400

**RADNET EQUIPMENT AND SUPPLY REQUEST FORM**

**SECTION I: STATION INFORMATION**

Request Date: \_\_\_\_\_ Sample Type: \_\_\_\_\_

Principal City: \_\_\_\_\_ Station Number: \_\_\_\_\_

Name of Collector: \_\_\_\_\_  Please check box to left if reporting  
a change in collector or address.

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SECTION II: EQUIPMENT/SUPPLIES REQUESTED (Indicate amount requested next to item)**

| Air Supplies             | Precipitation/Milk/Drinking Water Supplies |
|--------------------------|--|
| _____ Mailing Envelopes  | _____ Cubitainers                          |
| _____ Glassine Envelopes | _____ Shipping Cartons                     |
| _____ Report Forms       | _____ Electrical Tape                      |
| _____ Air Filters        | _____ Return Labels                        |
| _____ Filter Forceps     | _____ Report Forms                         |

Comments (use back of sheet if necessary): \_\_\_\_\_

The public reporting and recordkeeping burden for this collection of information is estimated to average 6 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C., 20460. Include the OMB control number in any correspondence. Do not send the completed (form or survey) to this address.

# AIR PARTICULATE SAMPLE REPORT

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UNITED STATES ENVIRONMENT 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: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### AIR SAMPLING DATA

SAMPLE START DATE/TIME (Coordinated Universal Time): \_\_\_\_\_

SAMPLE STOP DATE/TIME (Coordinated Universal Time): \_\_\_\_\_

TOTAL SAMPLE TIME (hours): \_\_\_\_\_ SAMPLE VOLUME (m<sup>3</sup>): \_\_\_\_\_

AVERAGE SAMPLE FLOW RATE (m<sup>3</sup>/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 (m<sup>3</sup>): \_\_\_\_\_

SAMPLE VOLUME (m<sup>3</sup>): \_\_\_\_\_

ALPHA CONCENTRATION: \_\_\_\_\_  
(pCi/m<sup>3</sup>)

BETA CONCENTRATION: \_\_\_\_\_  
(pCi/m<sup>3</sup>)

BETA/ALPHA RATIO: \_\_\_\_\_

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## RADNET PRECIPITATION REPORT

### SECTION I: STATION INFORMATION

Principal City: \_\_\_\_\_ Station Number: \_\_\_\_\_

Name of Collector: \_\_\_\_\_

Please check box to left if reporting  
a change in collector or address.

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### SECTION II: SAMPLE INFORMATION

Collection Date: \_\_\_\_\_

Did Bucket Overflow?      YES      NO

Volume or Depth of Precipitation in Bucket (circle selection to the right): \_\_\_\_\_ Volume    Depth

Comments (use back of sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_

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## RADNET PASTEURIZED MILK REPORT

### SECTION I: STATION INFORMATION

Principal City: \_\_\_\_\_

Name of Collector: \_\_\_\_\_

Please check box to left if reporting  
a change in collector or address.

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### SECTION II: SAMPLE INFORMATION (Continue on back of sheet if necessary)

Collection Date: \_\_\_\_\_

| Contributing Plants/Dairies | Amount Collected from Each |
|-----------------------------|----------------------------|
| _____                       | _____                      |
| _____                       | _____                      |
| _____                       | _____                      |

Comments (use back of sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_

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## RADNET DRINKING WATER REPORT

### SECTION I: STATION INFORMATION

Principal City: \_\_\_\_\_

Name of Collector: \_\_\_\_\_

Please check box to left if reporting  
a change in collector or address.

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### SECTION II: SAMPLE INFORMATION

Collection Date: \_\_\_\_\_

Tap Location: \_\_\_\_\_

Water Authority (if known): \_\_\_\_\_

Water Source (circle one, if known): River Reservoir Well Other: \_\_\_\_\_

Comments (use back of sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_

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**RADNET LEGACY AIR SAMPLE REPORT**

**SECTION I: STATION INFORMATION**

Principal City: \_\_\_\_\_ Station Number: \_\_\_\_\_

Name of Collector: \_\_\_\_\_  Please check box to left if reporting a change in collector or address.

Office Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SECTION II: SAMPLE INFORMATION**

Collection Date: \_\_\_\_\_ Time Zone: \_\_\_\_\_

Sample Start Date/Time: \_\_\_\_\_ Air Flow at Start: \_\_\_\_\_ m<sup>3</sup>/hr

Sample Stop Date/Time: \_\_\_\_\_ Air Flow at Stop: \_\_\_\_\_ m<sup>3</sup>/hr

**SECTION III: SAMPLE SCREENING**

Volume = \_\_\_\_\_ x 0.5 x \_\_\_\_\_ = \_\_\_\_\_  
Start Flow + Stop Flow Total Sampling Time in Hours Volume of Sample

Concentration = \_\_\_\_\_ x \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_  
Sample CPM Standard Activity Standard CPM Volume Concentration

Comments (use back of sheet if necessary): \_\_\_\_\_

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