



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

OMB Control No. 2060-0015

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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 (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): _____

ALPHA CONCENTRATION: _____
(pCi/m³)

BETA CONCENTRATION: _____
(pCi/m³)

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: _____ m³/hr

Sample Stop Date/Time: _____ Air Flow at Stop: _____ m³/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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