Children’s Minnesota

Transfusion Service

Minneapolis

RS 3400 Irradiator Radiation Survey

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| RS 3400 Serial No. |  |
| Geiger Counter Serial No |  |
| Geiger Counter Calibration Due Date |  |

|  |  |  |
| --- | --- | --- |
| **Location** | **Highest Observed Reading (μSv/h)** | **\*Acceptable Yes or NO** |
| **Front** |  |  |
| **Rear** |  |  |
| **Left** |  |  |
| **Right** |  |  |

Acceptable=highest observed reading ≤0.2 milliroentgen/200 microroentgen

|  |  |
| --- | --- |
| **Survey Passed?** | **YES or NO****(circle one)** |

Comments:

Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_