

SURVEY/DECONTAMINATION RECORDS

For use of this form, see DA PAM 700-48; the proponent agency is DCS, G-4.

SECTION I - PERSONNEL CONTAMINATION RECORD (ESSENTIAL INFORMATION)

1. PATIENT NAME	2. AKA E-MAIL ADDRESS	3. DATE OF INCIDENT (YYYYMMDD)
4. TIME OF OCCURRENCE	5. LOCATION OF INCIDENT	
6. GRID COORDINATES, IF KNOWN		
7. CAUSE OF CONTAMINATION		
8. WHEN WAS CONTAMINATION DISCOVERED?		

SECTION II - SURVEY RESULTS

9. SURVEY PERFORMED BY	10. UNIT
11. SURVEY INSTRUMENT MANUFACTURER	12. SERIAL NUMBER
13. PROBE TYPE	14. CALIBRATION EXPIRATION DATE (YYYYMMDD)

15. INDICATE TYPE, EXTENT, AND MAGNITUDE OF CONTAMINATION BELOW ON A SKETCH OF A HUMAN FIGURE