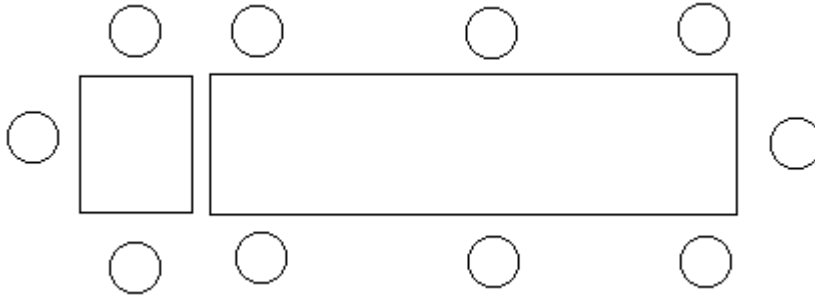


ROLLOFF SURVEY FORM



Rolloff – In Survey No.

Date: _____



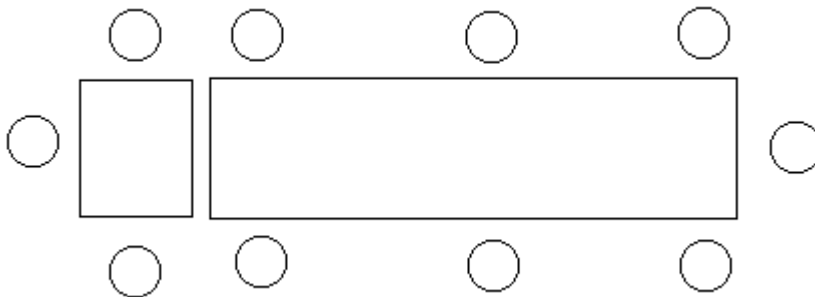
Readings in uR/hr above background at contact (write in circles or at position indicated)

Instrument: _____ REP: _____

Background (uR/hr): _____

Rolloff - Out Survey

Date: _____



Readings in uR/hr above background at contact (write in circles or at position indicated)

Instrument: _____

REP: _____

Background (uR/hr): _____

Truck No.: _____

Destination: _____