

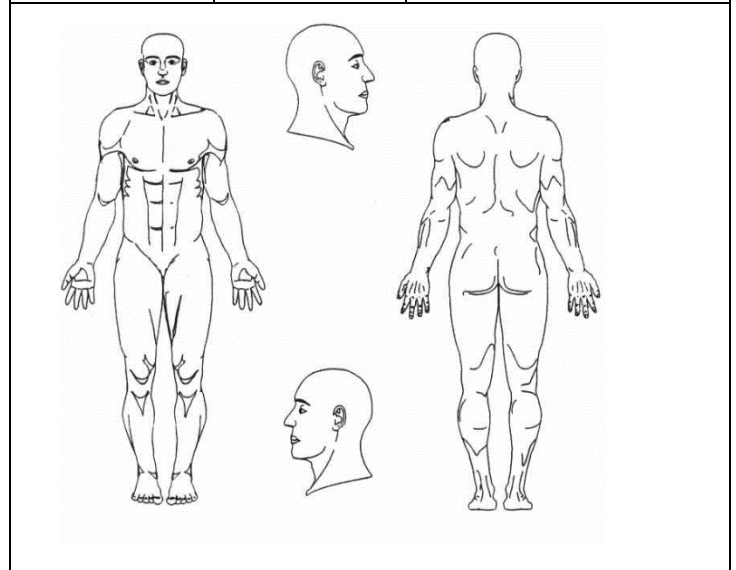
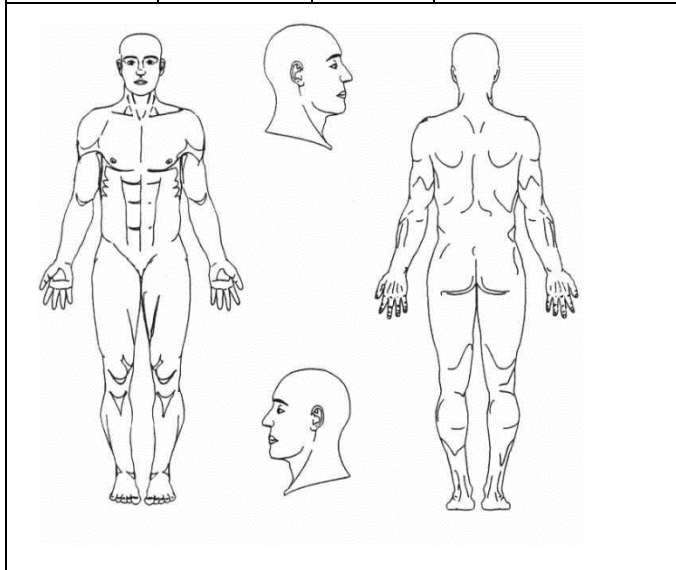
Personnel monitoring and decontamination

Name	Title	DoD#	Date/Time Arrived at Decon Station
Person Performing Monitoring	Person Performing Decontamination		Date/Time Potentially Contaminated

Instrument Used	Serial Number	Calibration Date	Background Reading
-----------------	---------------	------------------	--------------------

Initial Monitoring	Date/Time	Ear R/L	
		Nose	
		Mouth	

Post Decon Survey DECON # _____	Date/Time	Decon Method Used
---------------------------------	-----------	-------------------



Post Decon Survey DECON # _____	Date/Time	Decon Method
---------------------------------	-----------	--------------

Post Decon Survey DECON # _____	Date/Time	Decon Method
---------------------------------	-----------	--------------

