SAMPLE CONTROL FORM

Sample Control #

Collection Team #:	Collector's Name:	Home Org:

Location Description:

Latitude:	Longitude:

SAMPLE TYPE:

Air Samples	Sampler Type:	Filter Size & Type:
	Date **ON**:	Time **ON** (24 hr.):
	Date **OFF**:	Time **OFF** (24 hr.):
	Start Flow (Corrected):	Stop Flow (Corrected):

Milk Samples	Cow ☐ Goat ☐	Stored Feed ☐ Pasture ☐ Other:
	Milking Date:	Milking Time (24 hr.):

Soil Samples	Area of sample: (cm) x (cm)	Depth of sample: (cm)
	Was vegetation collected with soil sample? Yes ☐ No ☐	
	If Yes, vegetation Sample Control #:	

Water Samples	Surface ☐ Ground/Well ☐ Potable/Tap ☐ Other:

Other Samples	Vegetation ☐ Feed ☐ Produce ☐ Other:
	Describe:

This Section applies to **ALL** samples	
Collection Date:	Collection Time (24 hr.):
Total Sample Size (Estimated):	Number of Containers:
Contact RAD Level: Units:	Instrument #: Inst. Type:

Remarks:

	QC Sample #:

Shaded Sections for Sample Preparation & Control Use Only	QC Sample Type:

Laboratory:	γ	$\alpha\beta$	Sr	Pu	H^3	Other	Other	Other	Other

Contamination Check ☐	Sample Control Initial:	Validated By:

Sample Control & Sample Preparation Comments: