

SAMPLE RECORD SHEET
REGION I LABORATORY

LAB CONTROL NUMBER

301462

ROUTINE
 URGENT

DATE NEEDED

SAMPLE LOCATION

Heritage Minerals

DATE ANALYSIS BEGAN

10-31-90

DATE COMPLETED

11-2-90

ANALYZED BY

JOK

DATE

10-31-90

COLLECTED BY

Ulrich

DIVISION

DRSS

PHONE

5040

CONTACT NOTIFIED

DATE

APPROVED BY

JOK

DATE

11-2-90

NO.	DATE	HOUR	SAMPLE		ANALYZE FOR	INSTRUMENT USED	QUANTITY USED g/grams	DATE COUNTED	COUNT TIME	GROSS COUNT	BACK-GROUND	NET COUNT	RESULT ±1σ * ML/g
			DESCRIPTION										
1	10/11	1115	SOIL		Th/U	γ spec	728.9	10/31	1000S				< 1E-5
2							716.6						< 1E-5
3							685.0						< 1E-5
4							671.9						(5.0±0.2)E-5 (15%)
5							721.2						< 1E-5
6							756.1						(3.1±0.7)E-5 (15%)
7							821.4	11/1					(1.1±0.6)E-5 (15%)
8							721.0						(1.0±0.6)E-5 (15%)
9							738.9						(2.5±1.2)E-5 (15%)
10							914.4						(2.0±1.0)E-5 (15%)

* Random uncertainties reported are 1 standard deviation, 1σ. small negative and other results ≤ 2σ are interpreted as including "zero" or as not detected. If appropriate, estimates of possible systematic errors are reported in parentheses.

REQUEST FOR ANALYSIS
Region I Laboratory

CONTROL NUMBER

301462

SAMPLE LOCATION (LICENSEE)

HERITAGE MINERALS

LICENSE NO.

non-licensee

DOCKET NO.

040-

SAMPLES SUBMITTED

#(TOTAL)	TYPE	VOLUME	WEIGHT	DATE SAMPLES SUBMITTED	PRIORITY			
10	sand - Marinell			10-11-90	<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT ***			
					SAMPLE COLLECTION INTERVAL			
				START	MONTH	DAY	YEAR	TIME
					10	11	90	100
				STOP	10	11	90	1130

INSPECTOR RESPONSIBLE

BETSY WILKINSON

PHONE EXT.

5040

ANALYSIS TO BE PERFORMED

LIST DESIRED
LLD (Optional)

OTHER TYPE OF ANALYSIS (Specify)

LIST DESIRED
LLD (Optional)

<input type="checkbox"/>	GROSS ALPHA				
<input type="checkbox"/>	GROSS BETA				
<input checked="" type="checkbox"/>	GAMMA SPEC				
<input type="checkbox"/>	TRITIUM				
<input type="checkbox"/>	CARBON-14				
<input type="checkbox"/>	IODINE-125				

REMARKS

expect Thorium (+ Uranium)

NOTE: Samples will be discarded after analysis unless reasons are noted above in Remarks.

*** FOR URGENT USE ONLY - Signature Blocks below must be filled out by the Inspector's appropriate Section Chief and by the Chief, Effluents Radiation Protection Section BEFORE submitting this form to the Region I Laboratory.

SIGNATURE - APPROPRIATE NUCLEAR MATERIALS SAFETY SECTION CHIEF

DATE

SIGNATURE - CHIEF, EFFLUENTS RADIATION PROTECTION SECTION

DATE