



ZAHN'S CORNER MIDDLE SCHOOL SAMPLING

Sample Collection

MAY 25-26, 2019

SAMPLE COLLECTION AND PROCESSING TEAM

- Field Team
 - Argonne National Laboratory
 - Y-12 National Security Complex
 - Savannah River Site
 - Sandia National Laboratory
- Home Team
 - Sandia National Laboratory
 - Remote Sensing Laboratory
- Facilitated
 - Ohio Department of Health
 - Pike County General Health District
 - Representatives of the school and Pike county community

AIR SAMPLE COLLECTION

- Library
- Cafeteria
- Classroom
- Gym
- Foyer
- Hallway at center of building
- Playground
- Outside front entrance



SURFACE SAMPLES (SMEARS) COLLECTION

- MARSSIM – Multiagency Radiation Survey Site Investigation Manual
 - Provides detailed guidance on how to demonstrate that a site is in compliance with a radiation dose- or risk-based regulation. – www.epa.gov

- Visual Sample Plan

- How Many Samples Do I Need?
- Where Should I Take Samples?
- vsp.pnnl.gov

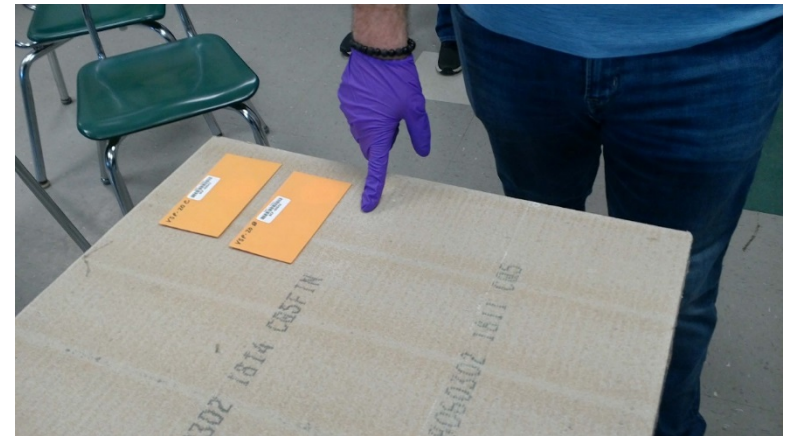
- Collected 44 samples

- 39 VSP locations
- 5 Community Replicates



- Sampled primarily above ceiling tiles and in other dusty locations

SURFACE SAMPLES (SMEARS)



SAMPLING DISTRIBUTION

- Triplicate Samples
 - DOE
 - Ohio Department of Health
 - Pike County General Health District

- Drove DOE samples to Savannah River Site

SAMPLE CONTROL FORM & CHAIN OF CUSTODY SCF-00523

Collection Team ID: Delta Collectors Name: RamsUser Org:

Latitude: 39.06 Longitude: -82.96

Collection Date/Time: 25-May-2019 19:54 Number of Containers: Contact Dose Rate:

Collection Remarks: VSP-39
Room Gym
On emergency light on west wall 23.63 feet from south wall

Air	Sampler ID # _____ Type: _____ Filter Size: _____
	Date/Time On: _____ Date/Time Off: _____
	Start Flow Rate: _____ Stop Flow Rate: _____ OR Total Volume: _____ Unit: _____
Milk	<input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Other <input type="checkbox"/> Stored Feed <input type="checkbox"/> Pasture <input type="checkbox"/> Other Milking Date/Time: _____ Number of Animals: _____
Soil	Depth of sample: _____ Sample Surface Area: _____ If vegetation in separate container, proved sample #: _____
Water	<input type="checkbox"/> Surface <input type="checkbox"/> Ground/Well <input type="checkbox"/> Potable/Tap <input type="checkbox"/> Other:
Other	<input type="checkbox"/> Vegetation <input type="checkbox"/> Feed <input type="checkbox"/> Produce <input type="checkbox"/> Swipe <input type="checkbox"/> Other Describe: 100cm ²

Sample Receiving (to be filled out by sample receiving technician)

Processing Priority: _____ Duplicate Sample #: _____ Split Sample #: _____

Contact Dose Rate: _____ Contamination Check: Forms and sample bags surveyed

Processing Remarks: _____ Sample Preparation Required, send to sample preparation area before laboratory

Analysis Requested: _____

Special Instructions: _____

Custody Transfer (Signatures)

Relinquished By: <u>[Signature]</u>	Date/Time: <u>5/25/19 1601</u>	Received By: <u>[Signature]</u>	Date/Time: <u>5.25.19</u>
Relinquished By: _____	Date/Time: _____	Received By: _____	Date/Time: _____
Relinquished By: _____	Date/Time: _____	Received By: _____	Date/Time: _____
Relinquished By: _____	Date/Time: _____	Received By: _____	Date/Time: _____