DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

LEVEL II RADIATION DETECTION BOARDING/INSPECTION SHEET

GENERAL INFORMATION

Date:	Location:	Team Leader:
RIID Operator:		RIID Operator Contact #:

CONFIRMATION OF LEVEL 1 PRD ALARM

Is Level 1 PRD alarm confirmed with a RIID? ☐ YES ☐ NO ☐ N/A

PRE-OPERATION CHECKS

R300	Serial #	☐ Battery Voltage Level ≥ 3 Green bars	☐ Verify GPS is ON and is in GMT
RADSEEKER	Serial #	☐ Battery Voltage Level ≥ 3 Green bars	☐ Verify Date / Time ☐ Verify GPS is on
IDU	Serial #	☐ Battery Voltage Level ≥ 5.0 volts ☐ Verify Date / Time Setting	☐ Erase Stored Spectrum ☐ Confirm Identify Time Setting (300 seconds)

LEVEL II EQUIPMENT USED / BACKGROUND INFORMATION

					SPECTRUM SAVED AS
R300	☐ YES ☐ NO	BACKGROUND	**GAMMA** µrem/hr	**NEUTRON** cps	File #:
NOTES:					
RADSEEKER	☐ YES ☐ NO	BACKGROUND	**GAMMA** µrem/hr	**NEUTRON** cps	Event #:
NOTES:					
IDU	☐ YES ☐ NO	BACKGROUND	**GAMMA** µrem/hr	**NEUTRON** cps	File #:
NOTES:					

LEVEL II IDENTIFICATION DATA AND FILE NUMBER

☐ **R300** ☐ **RADSEEKER** ☐ **IDU**	**RADIOISOTOPE IDENTIFICATION-FILE / EVENT #:**		
GAMMA _____ µrem/hr	NEUTRON _____ cps	DISTANCE:	
Probability (if needed):	☐ SNM ☐ MED ☐ IND	☐ NORM	ISOTOPE:
Probability (if needed):	☐ SNM ☐ MED ☐ IND	☐ NORM	ISOTOPE:
NOTES:			
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Probability (if needed):	☐ SNM ☐ MED ☐ IND	☐ NORM	ISOTOPE:

NOTES:

REACHBACK

☐ Notify Team Leader / OPCON ☐ Download Spectra ☐ Contact CBP/LSS: Date: _____ Time: _____

CBP/LSS COMMUNICATION ESSENTIALS EMAIL CHECK-OFF

☐ Your name, contact information & agency
☐ Instrument Type & Serial #
☐ On-scene weather
☐ Description of source (if observable)
☐ Background dose rate (µrem/hr Gamma, cps Neutron) with spectra file #
☐ Attach each spectrum in question including (µrem/hr Gamma, cps Neutron)
☐ Distance from source when spectrum acquisition
☐ Description/thickness of material surrounding source

CBP/LSS WORK CONTACT INFORMATION 1-800-973-2867 [1-800-X-SECTOR]

LSS Rep. Name:	Work Call Back #:

LSS Rep. Email address: Use LSS-TCHERNDON@cbp.dhs.gov

ALARM RESOLUTION AND RECOMMENDATION

☐ BO / OPCON notified of results

Date: _____ Time: _____ Recommendation / Resolution of alarm from CBP/LSS

LSS Rep. Analysis / Recommendation:

POST-ACTIONS

☐ Submit FIR on all pertinent information ☐ Enter appropriate Information in MISLE