



UFO SIGHTING QUESTIONNAIRE - RESIDUAL RADIATION (FORM 10)
 (This is a supplemental form to a UFO Investigation. This form should not be submitted alone.)

Date and time of survey _____
 Location of survey: City _____ County _____ State _____
 Describe how to reach the site _____

Manufacturer, Type and Model of Survey Instrument used. _____
 Date of last calibration. _____. Were fresh batteries used? _____. If not, did the batteries fade or die during use of the instrument? _____.

Manufacturer, Type and Model of second Survey Instrument if used. _____
 Date of last calibration. _____. Were fresh batteries used? _____. If not did the batteries fade or die during use of the instrument? _____.

How far from the center of the site to be surveyed was the background check made? _____

What level of background radiation was measured (included units, mrem, counts, etc.)? _____

What scale on the survey meter was used to get the background reading? _____

Describe the radiation detected. General rise in background? Found only on an object? Found only near certain material? _____

What was the highest radiation measured "Above Background" radiation and how close to the source was/were the readings obtained? _____ What scale was selected on the meter? _____

Describe the survey in narrative form; start with battery check, how background was determined, etc. Was it a spiral survey, a spot check, or a straight line survey? _____

Use additional sheets of paper if necessary.

Was there a covering or movable sleeve on the instrument? If so, was it ON or OFF, EXTENDED or RETRACTED when readings were taken? _____

If there was radiation above background, was it reported to any civil agency? _____. If yes, to whom and when was the fact reported? _____. To your knowledge did they perform or have a survey conducted? _____

What experience or training do you have in using a general survey radiation detector? _____

Print Name _____ Signature _____

Title or MUFON Position _____ Date _____