



HAZARDOUS EVIDENCE COLLECTION AND FIELD SCREENING MATRIX

FEDERAL BUREAU OF INVESTIGATION

LABORATORY DIVISION – FORENSIC RESPONSE SECTION



Location		Case ID				Collection Team Names & Initials	
		Case Agent					
Date/Time		Scientist					
Dose Rate Meter	S/N:	Last Cal.:	Cal. Due:	Bkgd:	μR/hr	Record non-zero HCN, CO or H ₂ S MultiRAE readings in comments Record radiation smear results in comments Indicate no readings/not applicable with a diagonal line	
Contam. Meter	S/N:	Last Cal:	Cal. Due:	Bkgd:	cpm		
MultiRAE Pro	S/N:	Last Cal.:	Cal. Due:	Bomb Tech Clear?			

Item #	Location (Floor, Room, Table, etc.)		Description							Suggested Collection Method	Suggested Container Type

Rad Dose	Rad Count (outside)	Rad Count (inside)	O ₂ (%)	Flamm (% LEL)	VOC	pH	H ₂ O	Oxidizer (KI)	Fluor (F)	Comments (Observations, Other Screening Methods, Changes to Collection, etc.)
μR/hr mR/hr	cpm kcpm	cpm kcpm			ppb ppm		Pos. Neg.	Pos. Neg.	Pos. Neg.	

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