

Radiation Material Laboratory Survey Clearance Form

PI _____ Bld/Lab # _____ Date _____

Yes No

- All Radiation materials and waste have been picked up.
- All Radiation Labels have been removed from equipment and lab doors.
- Survey/Wipe test have been performed and results (attached) indicate no radiation contamination exists. (2x background and/or 1000 DPM)
- All radiation dosimetry badges have been returned to RSO.

Equipment used for survey/wipe test results:

Handheld Survey Meter: _____

Last Cal date: _____

Scintillation Machine: _____

Last Cal date: _____

I have inspected/verified and release this lab room and equipment for non-radiation use.

Radiation Safety Officer _____

Date: _____