

Radioactive Material Laboratory Survey and Wipe Test Form

PI: _____ Department: _____ Building & Lab #: _____

Gamma Counter - Manufacturer/Model/Serial #: _____

LSC – Manufacturer/Model/Serial #: _____

Note: LSC must be used to protect H₂ & C₁₄.

Survey Meter – Manufacturer/Model/Serial # _____

Background: _____ mR/Hr or cpm Battery Check: _____ Calibration Date: _____

Counter Information Type (Check one) gamma counter or LSC:

Isotopes used in Lab: (Check all that apply)

C-14 Ch-51 H-3 P-32 I-125 S-35 _____

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

Rewipe of # _____ Rewipe of # _____

(* Results should read less than twice background in cpm.
Inform the Radiation Safety Officer if it exceeds this amount.
(Contaminated areas must be decontaminated immediately and documented)

Performed By: _____ Date: _____