



RADIATION WIPE TEST/AREA MONITORING RECORD

For additional assistance, please contact:
Environmental Health & Safety, 414 J.M. Smith Hall

Name (Person Completing Survey): _____ Date: _____
Job Title: _____ Phone number: _____
Primary Investigator: _____ PI Phone number: _____
Building/Location: _____ Specific Area/Room: _____
Survey period: _____ to _____

Radioisotopes were NOT used in this area during the survey period. (No survey required.)

Radioisotopes were used in this area during the survey period. (Please complete remainder of survey.)

Survey meter model: _____

Survey meter serial number: _____

Instrument used for counting wipe sample: _____

Survey Location ¹	Survey Meter Reading ² (dpm)	Removable Contamination ^{2,3} (dpm)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

¹ Correlate survey locations with area floor plan. ² Correct for counting efficiency and background to get dpm. ³ Per 100 cm².

Comments: