

Radiation Contamination Survey

Authorized User Name:	Survey Date:	Date of last survey:	Reviewed By (For EHS Use Only):		
Surveyor Name:	Surveyor's Signature:	YES, radionuclides have been used since the last survey. NO, radionuclides have NOT been used.			
		Possible Contaminants (check all that apply): H^3 C^{14} P^{32} P^{33} I^{125} Cr^{51} Other (specify)			
Location(s) Surveyed (Building/Room Number(s):					
Counter Used (check one): Liquid Scintillation Counter Gamma Counter Counter Serial Number:		Survey Results. Record all quantitative survey results below.			
Survey Meter Used (check one): Pancake NAI G-M Tube					
Survey Meter Serial Number:		Counter Results (in DPM) (DPM=CPM/counter efficiency)		Survey Meter Results (mR/hr)	
Survey Meter Calibration Date:		Isotope 1	Isotope 2		Isotope 3
Survey Map: Sketch lab(s) and number each location surveyed. Note: A minimum of 10 wipes must be taken in each space surveyed.		Location			
		1			
		2			
		3			
		4			
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		10			
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		18			
		19			
		20			
		Note: if survey results exceed 1000 dpm/cm ² , a written explanation must be attached, as well as details involving the cleanup of the contamination.			

Radiation Contamination Survey Instructions

1. Frequency of wipe tests depends on radionuclide possession: if quantity possessed is ≥ 200 uCi, weekly wipe tests are required; if quantity possessed is < 200 uCi, wipe tests must occur on a monthly basis.
2. A scanned copy of the survey form and the counter printout must be sent to Andres_Thomas@nymc.edu; a second copy of the survey form with the original printout attached should be returned to EHS via interoffice mail.
This form must be filled out completely; all incomplete survey forms will be returned to the surveyor.
3. Users must retain copies of surveys for three years.