**Routine After-Use Survey Form**

**User: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building: \_\_\_\_\_\_\_\_\_\_\_\_ Room# \_\_\_\_\_**

**Survey Instrument Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Model Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Serial Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directions:**

1. Hands and working area are required to be surveyed after each use with radioactive

materials. Wipe tests are required for work with 3H.

1. Forms should be kept on record, either in laboratory, laboratory notebook or office file.
2. Copy of form will be requested with 6-month inventory.

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Name** | **Isotope** | **Survey Meter Reading**  **Bck=<.004mR/hr** | | **Results** |
|  |  |  | **Hands and Clothing** | **Work areas** |  |
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**Any concerns or questions contact the Radiation Safety Officer, Gordon Krueger: 273-3445**

(10/21/21)