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.

2. Forms should be kept on record, either in laboratory, laboratory notebook or office file.

3. Copy of form will be requested with 6-month inventory.

Date	Name	Isotope	Survey Meter Reading Bck=<.004mR/hr		Results
			Hands and Clothing	Work areas	

Any concerns or questions contact the Radiation Safety Officer, Gordon Krueger: 273-3445

(10/21/21)