

## APPENDIX N

### Monthly Contamination Survey Form

The following form **MUST** be used for documenting the contamination surveys performed each month in every radioactive use lab. This record must be accompanied by the wipe test result printout, if performing wipes, and **MUST** correspond to the labeled areas of the room diagram of the lab in which the survey was conducted.

Monthly Contamination Survey							
Survey Date:		Building:		Room:		Approval Holder:	
Surveyor: Last Name, First Name						Position / Title:	
<b>Please indicate use:</b> <input type="checkbox"/> Radionuclides were used this month <input type="checkbox"/> Radionuclides were NOT used this month							
<b>Please indicate the total activity of each isotope used since the previous contamination survey</b>				<b>Survey Results must be recorded in DPM</b> <b>DPM = CPM/ Instrument Efficiency</b> <b>Wipe Test printouts must be retained</b>			
Isotope	Activity	Isotope	Activity	Survey Method:		Survey Method:	
H-3		P-32		Meter / Wipe		Meter / Wipe	
C-14		I-125		Nuclide(s):		Nuclide(s):	
S-35		Cr-51		Instrument model / location:		Instrument model / location:	
<p><b>Directions For Use:</b> A lab with any radioactive material must complete this entire form. From your lab diagram, indicate areas of survey in boxes provided and the results in DPM in the adjacent box. Perform survey in all applicable locations respective to the lab size, setup and use, including an additional survey of the floor adjacent to each area. <b>IN THE EVENT OF NON-USE YOU MUST PERFORM SURVEYS IN AT LEAST STORAGE AND WASTE AREAS.</b> Circle which survey method will be used (Meter / Wipe) in the box provided. You must do both wipe testing and meter surveying if your lab contains one or more radionuclides requiring wipes AND one or more radionuclides requiring meter survey. Consult the Radiation Safety Manual for clarification or call Health Physics at 577-1200.</p>				Area	Results (DPM)	Area	Results (DPM)
				BKG		BKG	
<p><b>Action Limits:</b>  <b>Wipe: 220 DPM / 100 sq cm</b>  <b>Meter: 50 counts above background.</b></p>							
<p><b>Remarks:</b> Include actions taken for contamination found.</p>							
<p>By signing below, the surveyor attests that he/she has read and understands the Radiation Safety Manual and its procedures and requirements for contamination surveys.</p>							
<p><b>Surveyor's Signature:</b></p>							

**Pease Retain the Wipe Test Result Printouts**