

Principal Investigator: _____

Building: _____

Radioactive Materials Permit Number: _____

Room(s): _____

Instrumentation (check all that apply):

- LSC:** Make/Model _____ S/N: _____
- GM:** Make/Model _____ S/N: _____ Probe: S/N: _____
- Other:** Make/Model _____ S/N: _____ Probe: S/N: _____

Instructions:

- The PI, or designee, must perform a monthly radiation survey for all laboratory areas on the PI's permit.
- Radiation surveys must include swipe samples of both radioactive material work areas and non-radioactive material work areas (e.g. phone, keyboard, desk). Swipe samples are obtained by wiping a 100 cm² surface with absorbent material (such as filter paper).
- Swipe samples must be counted in an appropriate calibrated instrument (liquid scintillation counter, gamma counter, thin window GM). Background data must be obtained for each set of swipes by counting an unused sample swipe. **The printout of counting results must list the counting date.**
- Counting results must be recorded in disintegrations per minute (DPM). DPM can be calculated as follows:
 $DPM_{net} = (CPM_{sample} - CPM_{bkgd}) / EFF_{calculated}$

Isotope	LSC ~ Efficiency
H-3	50%
All other beta	95%
I-125	75%
Cr-51	37%

- Follow up actions are required for any DPM_{net} greater than 200 DPM.
- Contaminated areas should be decontaminated immediately. Swipe samples must be taken to document the success of decontamination efforts. Results should be recorded as Final Net DPM.
- All monthly surveys must be dated and accompanied by a map of the locations surveyed and a printout of the swipe sample results.**

Survey Results:

Sample	Location	Net DPM	Follow Up Required	Final NET DPM
Bkgd	N/A		N/A	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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***No-Use Statement**

A monthly radiation survey need not be performed if radioactive material has not been used in a laboratory since that laboratory was last surveyed. If radioactive material has not been used within this/these room(s) since the last radiation survey, check here.

Survey performed by: _____

Date: _____