

RADIATION WIPE TEST/AREA MONITORING RECORD

Survey Date: _____, Responsible User: _____

Department: _____, Building: _____

Room Number: _____, Person Completing Survey: _____

No radioisotopes used in this area during survey period. No survey required.

Model and serial number of survey meter used: _____

Instrument used for counting wipe sample: _____

Survey Location ¹	Survey Meter Reading ² (dpm)	Removable Contamination (dpm) ^{2,3}
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

¹ Correlate survey locations with area floor plan. ^{2,3} Correct for counting efficiency and background to get dpm. ³ Per 100 cm².

COMMENTS: