

APPENDIX E
UNIVERSITY OF NORTH FLORIDA RADIATION SAFETY PROGRAM

RADIATION/CONTAMINATION SURVEY

Authorized User: _____ Surveyor: _____

Building/Room No: _____ Date of Survey: _____

Radioisotope: _____ Physical Form: _____

Radiation Survey: _____ Weekly: _____ Special: _____

Survey Meter Model Number/Serial Number: _____ Cal Due Date: _____

Counting Instrument Model/Serial Number: _____

Detailed Laboratory Sketch (Indicate/label location of work area, storage area)

<u>Location</u>	<u>Rad Surveys (mR/hr)</u>	<u>Contamination</u>	
(1) _____	mR/hr	____ cpm	____ dpm*
(2) _____	mR/hr	____ cpm	____ dpm
(3) _____	mR/hr	____ cpm	____ dpm
(4) _____	mR/hr	____ cpm	____ dpm
(5) _____	mR/hr	____ cpm	____ dpm

*Areas of greater than 100 dpm/swipe must be resurveyed and documented.
 DPM= Gross cpm minus background divided by the efficiency of the counting instrument for the particular radioisotope.

Surveyor signature _____