



RAS FORM 4

RADIATION SURVEY REPORT (NON-SEALED SOURCES)

- 1. Authorized User: _____
- 2. Survey performed by (please print): _____ Date _____
- 3. Department: _____
- 4. Building and room number: _____
- 5. Isotopes used in the laboratory: _____
- 6. Instrument used for survey: _____

Sample#	DPM ¹	Microuries ²	Sample#	DPM ¹	Microuries ²

Authorized users who currently use radioactive materials must perform formal wipe test surveys for removable contamination monthly. Authorized users who declare themselves “inactive” must perform formal wipe test surveys for isotope storage areas every six months. Each swipe test must be >100 cm² in area. Attach a map of laboratory showing wipe test locations.

1. DPM = [Scintillation counter sample results in CPM] / [Scintillation Counter Efficiency]
 2. 1 Microcurie = 2.2 x 10⁶ DPM

