

PERSONAL SURVEY FORM

PERMIT HOLDER: _____ **BUILDING:** _____ **ROOM #** _____

- DIRECTIONS:**
1. Hands and working areas should be surveyed after each use of radioactive materials. Wipe tests are required for work with ³H.
 2. Forms should be kept on record, either in laboratory notebook or office file. Notify Radiation Protection Office immediately of any personal contamination detected.

| Date | Name | Isotope | Survey Meter Reading | | Notes (high or positive results) |
|------|------|---------|----------------------|------------|-------------------------------------|
| | | | Hands & Clothing | Work Areas | |
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Any concerns or questions contact the Radiation Protection Office: 496-3797