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:**
			Hands And Clothing	**Work Areas**	**On High or Positive Results**

Any concerns or questions contact the Radiation Protection Office: 495-2060