

FSU Dept. of Environmental Health & Safety • Radiation Safety Office

1021 Atomic Way • 1200 Carothers Hall • Tallahassee, FL 32306-4481 (850) 644-8802 • www.safety.fsu.edu



FORM EHS 10-18

RADIOACTIVE MATERIALS LAB SURVEY REPORT

Survey Date:		Surveyed By:				<u>_</u>	
Survey Meter Mfr. & M		Model:			SN:	Cal. Date:	
Survey Meter Checks: Battery Visual			Radiation Response (with check source)				
Survey & Reporting Procedure							
 Refer to the EHS Radiation Safety Manual for instructions on survey techniques 							
•	• Attach a diagram of the lab layout; list survey locations (name, #) on the diagram & this form						
•	• Possible locations: floor, bench, desk, sink, door/drawer handles, centrifuge, incubator, refrigerator, freezer						
•	Indicate survey technique by code:						
	S Smear/swipe/swab results (cpm/smear)						
	GM G-M survey meter results (cpm/25 in) Nal Nal survey meter results (cpm/25 in)						
•	 Report all survey results in gross counts per minute (CPM); include background (cpm) for each survey set 						
 Indicate condition of survey results relative to background cpm [ex: BKGD, ≤2x, >3x, >10x, or >20x] 							
Sign or initial and note clean-up or decontamination effort employed							
	Survey Technique Survey Location: Bldg./Lab)				Survey Results	Notes	
	(S, GM, Nal)	Survey Loc	ation: blug./La	ibj	(gross CPM)		
1							
2							
3							
4							
5 6							
7							
8		 					
9							
10							
11							
12							
13							
14							
15							
16 17							
18							
19							
20							
Notes:							