

# Radioactive Material User Self-Survey

Surveyor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized User: \_\_\_\_\_ RUA#: \_\_\_\_\_  
 Room(s): \_\_\_\_\_ Building: \_\_\_\_\_

Attach map of area(s) surveyed or describe in Comments section below.

Are lab members maintaining appropriate housekeeping in your radioactive work areas? Yes\_\_\_ No\_\_\_  
 Is appropriate Personal Protective Equipment (PPE) being used? Yes\_\_\_ No\_\_\_  
 Are all radioactive equipment and work areas properly labeled, posted, and secure? Yes\_\_\_ No\_\_\_

Instrument used for meter survey:	Manufacturer	Model	Serial #
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Meter in calibration? Yes\_\_\_ No\_\_\_
Batteries good? Yes\_\_\_ No\_\_\_  
 Meter Background: \_\_\_\_\_ cpm / mR/hr (Circle one)  
 Probe type(s) used:  GM  Scint

Survey Types (Check all that apply)

- Meter survey performed.
- Wipe survey performed (Attach LSC printout and indicate which vial is background).

Survey Results (Check one)

- No readings greater than two times background were detected.
- Readings greater than two times background were detected.  
 If readings greater than two times background were detected, then document the findings and the corrective action taken in the Comments section below.

Comments

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