Radioactive Material User Self-Survey

Surveyor: _____________________________ Date: _________________________
RUA#: __________     RUA Holder: ___________________
Building: _____________________________ Room(s): ______________________

Survey(s):  □ Routine      □ Special      □ Other: __________________________

□ Meter survey

<table>
<thead>
<tr>
<th>Instrument Manufacturer</th>
<th>Model/Serial #</th>
<th>Probe(s)</th>
<th>Background*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meter A:</td>
<td>_____________</td>
<td>GM Scint Ion Chamber Other</td>
<td>cpm mR/hr</td>
</tr>
<tr>
<td>Meter B:</td>
<td>_____________</td>
<td>GM Scint Ion Chamber Other</td>
<td>cpm mR/hr</td>
</tr>
<tr>
<td>Meter C:</td>
<td>_____________</td>
<td>GM Scint Ion Chamber Other</td>
<td>cpm mR/hr</td>
</tr>
</tbody>
</table>

* Note other units as required (e.g., cps, mrem/hr)

Meter(s) in calibration? ……………………………..….    Yes   No ______________________________________
Meter(s) in good condition? …………………….............   Yes   No ______________________________________
Battery response and response to radiation check ok? .....   Yes   No ______________________________________

□ Wipe/swipe survey

☐ LSC (Attach LSC printout and indicate background vial)     ☐ GM Pancake (if RUA allows use of GM to count wipe/swipe)

Survey Results (Check one):  □ Readings < 2 times background   □ Readings > 2 times background*
Attach map of area(s) surveyed or describe in Comments section below.

*If readings > 2 times background were detected, document the findings and take corrective actions as specified in the Radiation Safety Manual.

- Are the RSIS entries up-to-date?
- Are users following UC Berkeley’s food (and beverages) in laboratories policy?
- Is the current RUA and Radioisotope Emergency Procedure posted?
- Is the RAM labeled and secured from unauthorized access?
- Is housekeeping in radioactive work areas uncluttered and adequate?
- Is appropriate PPE available/worn/monitored for contamination (i.e., lab coat, cuffs/sleeves, pocket, front, safety glasses, gloves)?
- Was the PPE contaminated? [If so, document the level(s) and location(s)]
- Are all radioactive equipment/work areas properly labeled and posted?
- Are the work areas properly covered or delineated?
- Are required survey meters available, calibrated & functional?
- Were survey meters surveyed for contamination (i.e., bottom, handle, etc.)?
- Is the radioactive waste properly stored and not overflowing?

No Use Statement: Your required self-surveys need not be performed if radioactive materials have not been used since the last documented self-survey.  **Check here if this is the case** [ ] and complete the information in the top section of this form.

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________