

Radioactive Material User Self-Survey

Surveyor: _____
 RUA#: _____
 Building: _____

Date: _____
 RUA Holder: _____
 Room(s): _____

Survey(s): Routine Special Other: _____

Meter survey

Instrument Manufacturer	Model/Serial #	Probe(s)				Background*	
<input type="checkbox"/> Meter A: _____	_____ / _____	<input type="checkbox"/> GM	<input type="checkbox"/> Scint	<input type="checkbox"/> Ion Chamber	<input type="checkbox"/> Other	_____	<input type="checkbox"/> cpm <input type="checkbox"/> mR/hr
<input type="checkbox"/> Meter B: _____	_____ / _____	<input type="checkbox"/> GM	<input type="checkbox"/> Scint	<input type="checkbox"/> Ion Chamber	<input type="checkbox"/> Other	_____	<input type="checkbox"/> cpm <input type="checkbox"/> mR/hr
<input type="checkbox"/> Meter C: _____	_____ / _____	<input type="checkbox"/> GM	<input type="checkbox"/> Scint	<input type="checkbox"/> Ion Chamber	<input type="checkbox"/> Other	_____	<input type="checkbox"/> cpm <input type="checkbox"/> mR/hr

* 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.

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

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: _____

