PURDUE UNIVERSITY
Radiation Safety

Radioactive Material Survey Record

Principal Investigator (PI): _____ Building: _____ Room: _____

Manufacturer: _____ Serial #: _____ Area Background: _____

*Ensure that lab surveys are performed **and** documented at the required frequency below.*

- *Monthly if any amount of radioactive material is used at all*
- *Weekly if more than 1 mCi is used*
- *Daily if more than 5 mCi is used*

Date	Isotope	Quantity	Area Surveyed*	Removable Contamination (dpm)	Initials

* *Areas surveyed should include, at a minimum, bench top, floor, and waste area. You should also survey equipment and other areas that could potentially be contaminated.*