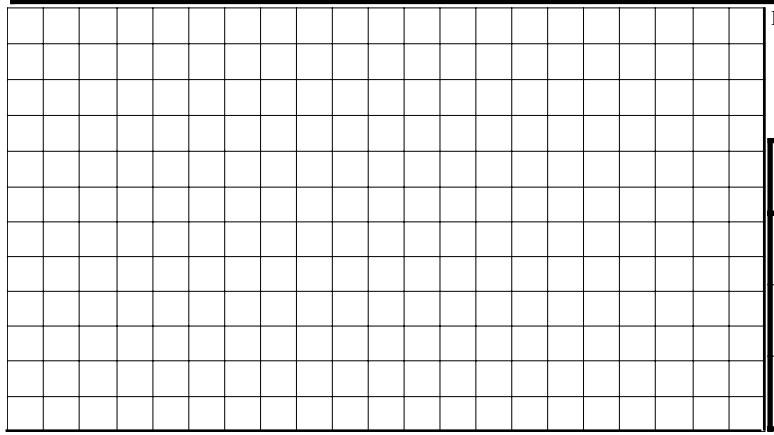
The University of Texas

Southwestern Medical Center at Dallas

RADIATION SURVEY RECORD FORM

Sublicensee:	Laboratory room number:	Laboratory phone number:
Sublicense Number:	Radioisotopes used or stored in this lab:	



Draw floor plan of lab on grid and indicate locations of survey points. Indicate relevant features on the diagram.

S = Sink, H = Fume hood, R = Refrigerator, FR = Freezer, D = Desk, C = Counter Top,
SA = RAM storage area, WA = Rad. waste storage.

Equipment	Manufacturer	Model	Serial
Liquid Scintillation Counter			
Gamma Counter			
Exposure Rate Survey Meter			

Date	Survey Type	Location of Survey														Background	Initials
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		
	Wipe (cpm)																
	Meter (mR/hr)																
	Wipe (cpm)																
	Meter (mR/hr)																
	Wipe (cpm)																
	Meter (mR/hr)																
	Wipe (cpm)																
	Meter (mR/hr)																

Sublicensees using beta emitters and/or gamma or x-ray emitters with energies < 40 keV shall perform physical radiation checks and radioactive contamination surveys as outlined in the sublicense conditions. Sublicensees using gamma or x-ray emitters with energies > 40 keV shall perform physical radiation surveys and radioactive contamination surveys as outlined in the sublicense agreement. The surveys shall be performed with a calibrated survey instrument.