Personal Survey Form

Authorized User:_____

Building/Room:_____

DIRECTIONS: 1. Hands and working areas should be surveyed after each use of radioactive materials.
2. Wipe tests are required for ^{3}H.
3. Forms should be kept for record. Notify the Radiation Safety Officer if any personal contamination is detected.

Date: **M/D/Y**	**User**	**Isotope**	**Survey Meter Reading**	
			Hands and Clothing	**Working Areas**