

Laboratory Contamination Survey Record

Principal Investigator: _____ Protocol # _____

Building & Room Number: _____

Survey Date/Time: _____

Procedure: Complete each of the following areas according to the requirements of the NCSU Radiation Safety Manual. Enter any additional comments in the space provided below. Attach a copy of the LSC results to this document.

Laboratory Diagram

General Survey Results

Survey Meter: _____

Meter Serial Number: _____

Average Background: _____

Calibration Date: _____

Number	Count Rate
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____

Surveyor: _____

Date: _____

Removable Contamination Results (see attached LSC results)

Counted On: Liquid Scintillation Counter Model: _____

Serial Number: _____

Comments: _____

Note: If a wipe test area has excessive contamination, the area should be decontaminated and re-swiped. The results of the re-swipe survey must be documented and attached. Please consult the Radiation Safety Manual for removable contamination levels.