



Department of Environmental Health & Safety

Radiation Survey/Wipe Sample Record

Name: _____ Date: _____

Location (be as specific as possible): _____

Isotope(s) being used: _____

Draw a map of the area being surveyed. Indicate on the map, with sample numbers, where wipe samples are being taken.

Sample #	Count Time	Activity (DPM)	BKG (DPM)	Net Activity (DPM)	Counting Error	Comments – Indicate and Write Below

Comments: _____

