



Appendix B Forms

CMU RADIOISOTOPE LABORATORY SURVEY

Location: _____

Isotopes Used: _____

Date: _____

Authorized User: _____

Radiation Safety Officer: _____

CHECKLIST: (Items marked “No” require corrective action).

	Yes	No	NA	
1.				NRC “Notice to Employees” & “Licensing & Regulation Information” are posted.
2.				Radioactive materials are under constant surveillance and immediate control of licensee, or otherwise secured to prevent tampering or unauthorized removal.
3.				Radiation users are adequately trained for functions performed.
4.				Surveyed areas are free of radioactive contamination.
5.				Laboratory radiation survey equipment is functional and used correctly.
6.				Laboratory radiation surveys are accurate and frequency is appropriate.
7.				Food and other consumables are not present in radioisotope and chemical use/storage areas.
8.				Radioisotope work areas, storage areas and equipment are labeled adequately.
9.				Radioisotope sources/stock solutions are labeled adequately.
10.				Radioisotope waste is labeled, secondary containment for liquids.
11.				Radioisotope shielding is adequate (material, thickness, positioning).
12.				Dosimeters, if assigned, and protective equipment are used during radioisotope handling.
13.				Fume hoods are used properly (sash setting, uncluttered, rated for radioisotope use).

= Not observed; no radioactive work at time of survey or no radiation workers present in laboratory.



Appendix B Forms

Comments:

Surveyed By: _____

Radiation Safety Officer

SURVEY INSTRUMENT INFORMATION

Make: _____

Model: _____

Serial No: _____

DETECTION SENSITIVITY INFORMATION

Nuclide Efficiency (%)

SURVEY RESULTS

Area Description	Nuclide	CPM	DPM	μCi	Corrective Action

Date of Survey: _____

Signature: _____

Note: All areas surveyed are less than twice background levels unless stated otherwise.
The efficiencies are obtained from calibrations.