

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NRC “Notice to Employees” & “Licensing & Regulation Information” are posted.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radioactive materials are under constant surveillance and immediate control of licensee, or otherwise secured to prevent tampering or unauthorized removal.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation users are adequately trained for functions performed.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surveyed areas are free of radioactive contamination.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory radiation survey equipment is functional and used correctly.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory radiation surveys are accurate and frequency is appropriate.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and other consumables are not present in radioisotope and chemical use/storage areas.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radioisotope work areas, storage areas and equipment are labeled adequately.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radioisotope sources/stock solutions are labeled adequately.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radioisotope waste is labeled, secondary containment for liquids.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radioisotope shielding is adequate (material, thickness, positioning).
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dosimeters, if assigned, and protective equipment are used during radioisotope handling.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

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.