

**OKLAHOMA STATE UNIVERSITY  
CENTER FOR HEALTH SCIENCES**1111 West 17th  
Tulsa, OK 74107

Project Authorization #

**RADIATION CONTAMINATION SURVEY FORM**

Authorized User:

Date:

Laboratory:

Survey Instrument Used (Make and Model):

If Meter Used: Battery Check

Calibration Date

Activity (mCi/ml):

Isotope:

Refer to diagram for lab areas to be surveyed (copy must be attached or placed in Log)

Location area / description	Distance(M) or size of area (cm <sup>2</sup> )	Activity (mR/hr or DPM*)
1. Background/Blank		

**CHS: activity > 20 mR/hr on contact or 1 mR/hr at 1 meter requires decontamination.****CHS: activity > 200 DPM/100 cm<sup>2</sup> minus background requires decontamination; area with activity > 1000 DPM/100 cm<sup>2</sup> minus background is classified as a contamination area; contact RSO.****\* DPM = (CPM - background CPM) ÷ Efficiency**

Attach description of corrective action taken for excessive exposure rates. If sending attachments, print form and send together.

Signature &amp; Printed Name of Person Surveying \_\_\_\_\_