Radiation Contamination Survey
Form RSM – 3

University of Idaho
Environmental Health and Safety

Authorization No.: ____________
Used Isotope: ________________

Building: ____________________________

Room No.: ____________________________

Date: ____________________________

Surveyed By: ____________________________

Please refer to Part 330 of the Radiation Safety Manual for contamination survey information, allowable contamination limits, and decontamination requirements.

Area Surveyed:
Survey Results: Meter Used: ____________ Calibration Date: _________ Efficiency: __________ Background: __________

This form should be kept in the authorized user's log book.