

Frederick National Laboratory for Cancer Research Contamination Survey Results

Date: _____ Radiation Program Number: _____

Person Performing Survey: _____

Survey meter used: NIH# _____ Calibration Date: _____

Room numbers on program: _____

Liquid Scintillation Counter: OR Gamma Counter: NIH #: _____

- Perform a swipe survey in all authorized rooms on your program
- Each swipe must cover an area of **100 cm²**
- Negative and positive control must be run with each survey and Labeled
- Attach map showing wipe locations
- Attach counting results
- Results must be recorded in **dpm** or using target cpm determined by the counter efficiency

Meter survey results negative Yes No

Swipe Results < 500 dpm Yes No

If positive results are found, perform follow-up counting or re-survey and record results

Contamination Information

Bldg./Room: _____ Location: _____

Equipment #: _____

Attach re-count results

Attach swipe results after cleaning