

## MONTHLY WIPE TEST REPORT

NAME OF AUTHORIZED USER:	
BUILDING:	LAB #:
DATE WIPE TEST CONDUCTED:	
WIPE TEST FOR THE MONTH OF:	

1. Were radioisotopes used this month?      \_\_\_\_ Yes      \_\_\_\_ No  
*(If you answered No, sign and return form) (If Yes, complete rest of form)*

2. List all radioisotopes used in the lab during the month:

3. Wipe test data attached:     Scintillation counter data  
   Area diagram, outlining the sampling locations

4. Wipe test conducted by:

**NOTES:** \* *A minimum of 5 sampling locations are required for each lab.*  
              \* *This form must be signed by the Authorized User of each lab.*  
              \* *The wipe test should be completed the 1<sup>st</sup> day of each month recording radioisotope usage in the preceding month.*

### Signature Section:

AUTHORIZED USER OR REPRESENTATIVE:
DATE REPORT COMPLETED:

Return form to:      Environmental Health and Safety  
                            211 Warren Square