Month Oct. 2009Licensee_____ Bldg_____ Room(s)_____ HP Review_____ *Storage Only _____ **No isotope _____

Week 1(10/4 – 10/10) Isotope use? Y/N | Week 2 (10/11 – 10/17) Isotope use? Y/N | Week 3 (10/18 – 10/24) Isotope use? Y/N | Week 4 (10/25 – 10/31) Isotope use? Y/N | Week 5 ( ) Isotope use? Y/N

Perform Surveys EACH week that isotope is used. Perform surveys EACH calendar month isotope is in storage. No surveys needed if no isotope is in use or storage.

Date	Room Number	Wipe Number	Area Surveyed	Results

*Storage = waste containers, stock vials, samples, gels, slides or ANY other form of unsealed isotope

**No Isotope = ALL forms of unsealed isotope have been removed from lab by Health Physics (waste, vials, gels, samples, etc…)