

Monthly Wipe Test Cover Sheet

Attach this cover sheet to your monthly wipe test and fill in the information below.

Date of the survey: \_\_\_\_\_

Background Reading in Disintegrations per minute (**dpm**) : \_\_\_\_\_

Readings Observed (Map Designated Areas) recorded in Disintegrations per minute (**dpm**) **minus background dpm** :

1: \_\_\_\_\_ 2: \_\_\_\_\_

3: \_\_\_\_\_ 4: \_\_\_\_\_

5: \_\_\_\_\_ 6: \_\_\_\_\_

7: \_\_\_\_\_ 8: \_\_\_\_\_

9: \_\_\_\_\_ 10: \_\_\_\_\_

11: \_\_\_\_\_ 12: \_\_\_\_\_

**\*\*\*Trigger Level:** If your readings exceed trigger level of 200 dpm/100cm<sup>2</sup>, decontaminate/clean area and re-wipe (repeat as necessary until readings are below trigger level. Document any resurvey until levels are below trigger level. Contact Radiation Safety Office if you have any questions or if the contamination exceeds 2000 dpm/100 cm<sup>2</sup>.

Individual Performing Area Survey : \_\_\_\_\_  
Print/Type Name

: \_\_\_\_\_  
Signature