UNIVERSITY OF HOUSTON
Radiation Safety Manual

Radioisotope Package Survey and Wipe Test & Radioisotope Tracking Form

PI: _____ Building & Lab #: _____ RAM Inventory #: _____

Radioisotope: _____ Activity: _____ μCi Compound: _____

Lab Receipt: _____ Date: _____ Time: _____

Checked By: _____ Date: _____ Time: _____

Survey Meter: _____ S/N: _____ Calibration: _____ BKG: _____ mR/Hr

Package Condition: _____ Outside Package Survey: _____ mR/Hr

Empty Box Survey: _____ mR/Hr Vial Container Survey: _____ mR/Hr

Outside Package Wipe Test: _____ dpm Vial Wipe Test: _____ dpm
(No wipe test will be performed for ^{3}H less than 10 mCi.)

Date Used	Amount Used μCi	Amount Remaining μCi	Solid Disposal μCi	Liquid Disposal μCi	LS Vials Disposal μCi	Initials

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