

MUSC RADIATION SAFETY (WIPE TEST) LOG

DATE: _____

LABORATORY: _____ INVESTIGATOR: _____ Lic. #: _____

AREA WIPE TESTED (see drawing)	ACTIVITY		AREA WIPE TESTED (see drawing)	ACTIVITY	
	dpm	Bq		dpm	Bq

INSTRUMENT USED: _____ SN#: _____ BACKGROUND: _____

COUNTING

EFFICIENCY : _____ STANDARD USED: _____ ACTIVITY: _____

SURVEYED BY: _____ APPROVED BY: _____

(Radiation Safety)

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