National institutes of Health Radiation Stately Branch (Bidg. 21110) RSB 406-374 or FAX 406-3544 Send original to RSB, and its or dama counter ()         Light counter ()         Counter (	MONTHLY LABORATORY CONTAMINATION SURVEY											TYPE OF COUNTER USED TO ANALYZE SMEARS:			
Building         Suffix         Floor         Wing         Room         Rooms Linked on this Survey         Survey Date (mm/ddyy)         Moder addresses and address and addresses and address andress address and address	National Institutes of Health Radiation Safety Branch (Bldg. 21/116) RSB 496-5774 or FAX 496-3544 Send original to RSB, and														
Authorized User: Last Name, First Name         RSB User Number         Phone Number         Authorized (mmCl)         Isotope         Acknay (mmCl)         Isotope         Acknay (mmCl)         Acknay (mmCl)         Isotope         Acknay (mmCl)					retain copy in l			-							
Authorized User: Last Name, First Name         RSB User Number         Phone Number         Isotope         Activity (nm Ci)           Authorized User: Last Name, First Name         RSB User Number         Phone Number         H-3         C         P-33         C           Surveyor: Last Name, First Name         RSB User Number         Phone Number         Phone Number         P-32         C <td< th=""><th>Building</th><th>Suffix</th><th>Floor</th><th>Wing</th><th>Room</th><th>Rooms Linke</th><th>d on this Survey</th><th>5</th><th colspan="2">Survey Date (mm/dd/yy)</th><th colspan="4"></th></td<>	Building	Suffix	Floor	Wing	Room	Rooms Linke	d on this Survey	5	Survey Date (mm/dd/yy)						
Authorized User: Last Name, First Name       RSB User Number       Phone Number       H-3       P-33         Surveyor: Last Name, First Name       RSB User Number       Phone Number       P-32       Cr-51         Surveyor: Last Name, First Name       RSB User Number       Phone Number       P-32       Cr-51         Surveyor: Last Name, First Name       RSB User Number       Phone Number       P-32       Cr-51         Surveyor: Last Name, First Name       RSB User Number       P-32       Cr-51       Cr-51         Surveyor: Last Name, First Name       RSB User Number       Phone Number       P-32       Cr-51         Surveyor: Last Name, First Name       RSB User Number       Phone Number       P-32       Cr-51         Surveyor: Last Name, First Name       RSB User Number       Phone Number       P-32       Cr-51         Surveyor: Last Name, First Name       RSB User Number       Phone Number       P-32       Cr-51         Surveyor: Last Name, First Name       RSB User Number       Phone Number       Phone Number       Phone Number       RSB User Number       Phone Number											Activity - Total amount used since last monthly survey.				
Sign (Sign (S													Activity (in mCi)	Isotope	Activity (in mCi)
Surveyor: Last Name, First Name         RSB User Number         Phone Number         C-14         I         I         I           Surveyor: Last Name, First Name         RSB User Number         Phone Number	Authorize	d User: L	ast Name	, First Nar	ne		RSB User Nu	mber		Phone Number					
Surveyor: Last Name, First Name       RSB User Number       Phone Number       P-32       0       Cr-61         Check here if radionuclides were not used this month in all modules represented on this form.       []]       I       I       I         SURVEYOR'S SIGNATURE       SUBCARTORY: Sketch module(s) and number locations smeared. A minimum of 10 smears must be taken in each module quantitative smear results in DPM.       DIAGRAM OF LABORATORY: Sketch module(s) and number locations smeared. A minimum of 10 smears must be taken in each module sugge in this month.       Nuclide 1       Nuclide 2       Nuclide 2         DIAGRAM OF LABORATORY: Sketch module(s) and number locations smeared. A minimum of 10 smears must be taken in each module sugge in this month.       Nuclide 1       Nuclide 2       Nuclide 2         DIAGRAM OF LABORATORY: Sketch module(s) and number locations smeared. A minimum of 10 smears must be taken in each module sugge in this month.       Nuclide 1       Nuclide 2       Nuclide 2         It is advantable.       Nuclide 1       Nuclide 2       Nuclide 2       Nuclide 3         BKG       I       I       I       I       I         It is advantable.       I       I       I       I       I         It is I       I       I       I       I       I       I         It is I       I       I       I       I       I       I											S-35		I-125		
Check here if radionuclides were not used this month in all modules represented on this form. []]         Image: mail of the mail of the mail modules represented on this form. []]         SMEAR RESULTS (in dpm/100cm <sup>2</sup> )           SURVEYOR'S SIGNATURE         SMEAR RESULTS (in dpm/100cm <sup>2</sup> )         SMEAR RESULTS (in dpm/100cm <sup>2</sup> )           DIAGRAM OF LABORATORY: Sketch module(s) and number locations smeared. A minimum of 10 smears must be taken in each module where radionuclides are used, with at least two on the floor. Clearly indicate on multiple-module surveys if any modules the module is non.         SMEAR RESULTS (in dpm/100cm <sup>2</sup> )           Bild G         Nuclide 2         Nuclide 2         Nuclide 2           ousage in this month.         Bild G         Nuclide 2         Nuclide 2           Bild G         Nuclide 1         Nuclide 2         Nuclide 2         Nuclide 2           G         Muclide 2         Nuclide 2         Nuclide 2         Nuclide 2           G         Muclide 2         Nuclide 2         Nuclide 2         Nuclide 2           G         Muclide 2         Muclide 2         Nuclide 2         Nuclide 2           G         Muclide 2         Muclide 2         Muclide 2         Nuclide 2           G         Muclide 2         Muclide 2         Muclide 2         Muclide 2           G         Muclide 2         Muclide 2         Muclide 2         Muclid												C-14		I-131	
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REMARKS: Include explanation of actions taken for smears >2,200 dpm/100cm <sup>2</sup> beta-gamma or >220 dpm/100 cm <sup>2</sup> alpha.       18       18       10         19       19       10       10												_			
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NIH 88-12 (10/12)

## INSTRUCTIONS FOR COMPLETING MONTHLY LABORATORY CONTAMINATION SURVEY

**LOCATION:** complete information as requested.

"Rooms Linked on this Survey": include all attached modules which are actually surveyed on this form.

SURVEY DATE: the date the smears were actually taken (not when counted).

AUTH. USER: self explanatory

**SURVEYOR:** self explanatory

"Check here if radionuclides were not used this month in all modules represented on this form. [ ] ": this box should be checked ONLY if radionuclides were NOT USED in all modules represented on the form. A diagram is not required if this box is checked.

**SURVEYOR SIGNATURE:** should be signed by the person actually performing the survey (AU signature also acceptable).

**DIAGRAM:** Only required if radionuclides were used and smears were taken in the laboratory. The diagram should contain all rooms or modules listed at the top of the form. If diagram consists of multiple modules and radionuclides were not used in a particular module(s), this should be clearly identified on the diagram. A minimum of 10 smears must be taken for each module using radionuclides, with at least two on the floor.

**REMARKS:** A remark indicating corrective action is required for any contamination over set limits.

TYPE OF COUNTER: Indicate type of counter used to analyze smears and its NIH Property Number.

RADIONUCLIDES USED: Indicate which radionuclides were used and how much.

**SMEAR RESULTS:** A copy of the printout MUST be attached, with the dat3 and counting parameters shown. If date is incorrect or cannot be printed, surveyor must write in date and initial it. A quantitative result must be listed for each smear taken in DPM. If counter does not automatically convert results from CPM to DPM, the surveyor must convert all results to DPM. Writing statements such as "<100", and "< Background" will not be acceptable as results. "See Printout" will be acceptable IF results on printout are clearly shown in DPM. Smears are not required if no radionuclides were used. Also, it is suggested that a blank (BKG) smear be added to each group.