

Contamination Monitoring Routine

Permit Number:	Lab Room Number(s):
Radioisotope(s) in Use:	Monitoring Method:
Protective Equipment Required: <ul style="list-style-type: none"> Disposable Gloves Lab Coat Other (Please Specify): 	

Location #	Area to be monitored/wiped	Method	Trigger Level
N/A	Background		N/A

A map of the radioactive area showing the monitoring locations by number must be included.

Reviewed and approved by Health Physics Signature: _____ Date: _____