

Contamination Monitoring Results Form

No Activity Used
 I have confirmed that no radioactive material was used in this laboratory during the period:
 _____ to _____ and that
 monitoring is not required. Initials _____

Permit Number: _____

Lab room number(s): _____

Date: _____

Performed By:		Instrument(s) used:		ALL areas and items with contamination greater than the Trigger Level must be decontaminated immediately. All detected contamination should be decontaminated immediately.		
#	Area wiped/monitored	Gross count (cpm)	Net count (cpm)	Trigger Level	Recount after decontamination	Comments
1	Background		NA	NA	NA	
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Results Reviewed By:				Signature	Date	