**Sealed Source Wipe Test Report**

Environmental Health, Safety, and Emergency Management

WTR #       *(To be filled out by EHS&EM)*

**Note**: *ASU’s specific license required a biannual wipe test of all sealed sources using a LKB Model 1209 RackBeta liquid scintillation counter. For Instructions on how to perform wipe test, please consult the Radiation Safety Officer.*

**Section I: Background**

1. Date:
2. Person Conducting Survey:
3. Department(s):

**Section II: Survey**

|  |  |  |  |
| --- | --- | --- | --- |
| Isotope | Usage | Location | Results (μCi) |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

1. Are any of the above sources designed for the purpose of emitting alpha particles?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Yes, Source:       |

1. Do any of the above sources contain 100 microcuries or less of beta and/or gamma-emitting material, or 10 microcuries or less of alpha-emitting material?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Yes, Source:       |

1. Are any of the above non-alpha sources currently in storage and not being used?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Yes, Source:       |

*Note: Sources identified in the answers to questions 5 and 6 of this section are considered exempt from the University’s periodic wipe test requirement as noted in number 13 of the conditions of the University’s radioactive materials license.*

By submitting this form, you accept responsibility for understanding and complying with Appalachian State University policy on the use of radioactive materials as described in the Appalachian State University Radiation Safety Manual.

I certify that this survey is complete.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_