## Auburn University

Radioactive Material Laboratory Survey Record

| Authorized User | Building | Date |
| :--- | :--- | :--- | :--- |
| Reason for Survey | Performed by |  |
| $\square$ Routine $\square$ |  |  |


| Room Number |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Records, notices and warnings | $\cup N / A$ | S | $\cup N / A$ | S | U | N/A | S | U | N/A | S | $\cup N / A$ | Comments |
| Monthly survey forms up to date |  |  |  |  |  |  |  |  |  |  |  |  |
| Inventory records in order |  |  |  |  |  |  |  |  |  |  |  |  |
| Employee notices posted |  |  |  |  |  |  |  |  |  |  |  |  |
| Safety procedures posted |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional notices posted |  |  |  |  |  |  |  |  |  |  |  |  |
| Radiation signs at each entrance |  |  |  |  |  |  |  |  |  |  |  |  |
| Hazard identity, activity, emergency procedures \& notification filled out |  |  |  |  |  |  |  |  |  |  |  |  |
| Instrument calibration and other records |  |  |  |  |  |  |  |  |  |  |  |  |
| Radionuclide storage | $\cup N / A$ | S | $\cup N / A$ | S | U | N/A | S |  | N/A | S | $\cup N / A$ | Comments |
| Materials securely stored in lab |  |  |  |  |  |  |  |  |  |  |  |  |
| No storage in hallways |  |  |  |  |  |  |  |  |  |  |  |  |
| Lab locked when no personnel present |  |  |  |  |  |  |  |  |  |  |  |  |
| Unsealed sources properly marked |  |  |  |  |  |  |  |  |  |  |  |  |
| Sealed sources properly marked |  |  |  |  |  |  |  |  |  |  |  |  |
| No food in refrigerators |  |  |  |  |  |  |  |  |  |  |  |  |
| Protective procedures and general safety | U N/A | S | U N/A | S | U | N/A | S | U | N/A | S | U N/A | Comments |
| Portable survey instruments available |  |  |  |  |  |  |  |  |  |  |  |  |
| Portable survey instruments calibrated |  |  |  |  |  |  |  |  |  |  |  |  |
| Dosimetry worn |  |  |  |  |  |  |  |  |  |  |  |  |
| Absorbent paper used |  |  |  |  |  |  |  |  |  |  |  |  |
| Lab coats and gloves worn |  |  |  |  |  |  |  |  |  |  |  |  |
| No pipetting by mouth |  |  |  |  |  |  |  |  |  |  |  |  |
| No eating, drinking, smoking in lab |  |  |  |  |  |  |  |  |  |  |  |  |
| Fume hood certified |  |  |  |  |  |  |  |  |  |  |  |  |
| Waste properly stored and marked |  |  |  |  |  |  |  |  |  |  |  |  |
| Tongs used |  |  |  |  |  |  |  |  |  |  |  |  |
| General safety conditions |  |  |  |  |  |  |  |  |  |  |  |  |
| Radioactive material use area marked |  |  |  |  |  |  |  |  |  |  |  |  |
| Contamination within acceptable range |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Notes |  |  |  |  |  |  |  |  |  |  |  |  |

