



Monthly Wipe Report

Authorized User: _____

Date: _____

Surveyor: _____

Location: _____

Counter Information

___ **Gamma Counter**

___ **Liquid Scintillation Counter**

Counter make: _____

Model and serial number: _____

Efficiency

Standard Source: _____

Standard Activity: _____ DPM

Net Standard CPM: _____

Efficiency = _____ CPM/DPM

Action Level

Background = _____ DPM

Action Level = _____ DPM

***Action Level for decontamination is 200DPM

No.	Room	Description	Net CPM	DPM	mR/hr	No.	Room	Description	Net CPM	DPM	mR/hr
1.		BKG				21.					
2.						22.					
3.						23.					
4.						24.					
5.						25.					
6.						26.					
7.						27.					
8.						28.					
9.						29.					
10.						30.					
11.						31.					
12.						32.					
13.						33.					
14.						34.					
15.						35.					
16.						36.					
17.						37.					
18.						38.					
19.						39.					
20.						40.					