

APPENDIX 6-C  
**RADIATION SAFETY COMMITTEE**  
**MONTHLY WIPE TEST SURVEY and INTERVIEW FORM**

Date \_\_\_\_\_ Person performing survey \_\_\_\_\_

vial #	Room #	Location	Counts/m in
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			

Person Interview \_\_\_\_\_  
 Lab. Room \_\_\_\_\_  
 Weekly Wipe Test Records \_\_\_\_\_  
 Inventory Records \_\_\_\_\_  
 Training Records \_\_\_\_\_  
 Film Badges ( for P-32 ) \_\_\_\_\_  
 Instrument Check \_\_\_\_\_

Person Interviewed \_\_\_\_\_  
 Lab. Room No. \_\_\_\_\_  
 Weekly Wipe Test Records \_\_\_\_\_  
 Inventory Records \_\_\_\_\_  
 Training Records \_\_\_\_\_  
 Film Badges ( for P-32 ) \_\_\_\_\_  
 Instrument Check \_\_\_\_\_

Comments: