# MONTHLY WIPE TEST REPORT

<table>
<thead>
<tr>
<th>NAME OF AUTHORIZED USER:</th>
</tr>
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<tbody>
<tr>
<td>BUILDING:</td>
</tr>
<tr>
<td>DATE WIPE TEST CONDUCTED:</td>
</tr>
<tr>
<td>WIPE TEST FOR THE MONTH OF:</td>
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</tbody>
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1. Were radioisotopes used this month?  
   _____ Yes  _____ No  

   *(If you answered No, sign and return form)  (If Yes, complete rest of form)*

2. List all radioisotopes used in the lab during the month:

3. Wipe test data attached:  
   □ Scintillation counter data  
   □ Area diagram, outlining the sampling locations

4. Wipe test conducted by:

**NOTES:**  
* A minimum of 5 sampling locations are required for each lab.  
* This form must be signed by the Authorized User of each lab.  
* The wipe test should be completed the 1st day of each month recording radioisotope usage in the preceding month.

**Signature Section:**

<table>
<thead>
<tr>
<th>AUTHORIZED USER OR REPRESENTATIVE:</th>
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<tbody>
<tr>
<td>DATE REPORT COMPLETED:</td>
</tr>
</tbody>
</table>

Return form to:  
Environmental Health and Safety  
211 Warren Square