# University Health and Safety Form

# ROUTINE CONTAMINATION SURVEY

The following information is required upon the installation or movement of any equipment that is used to generate Ionising Radiation. This information is required by Regulation 32(2) of the Ionising Radiation Regulations 2017.

|  |
| --- |
| **1. SURVEY INFORMATION** |
| **Date of Survey** | **Time of Survey** | **Building** | **Room No.** | **Department** | **Survey Reference** |
|  |  |  |  |  |  |
| **Monitor / Counter Used** | **Monitor / Counter** **Serial No.** | **Device Calibration date** | **Isotope Being Monitored** | **Background** **Reading** |
|  |  |  |  |  |

|  |
| --- |
| **1. EXAMINATION SURVEY** |
|  | **Description of Point** | **Dose Recorded** |  | **Description of Point** | **Dose Recorded** |
| **Point 1** |  | **cps** | **Point 11** |  | **cps** |
| **ccps** | **ccps** |
| **Point 2** |  | **cps** | **Point 12** |  | **cps** |
| **ccps** | **ccps** |
| **Point 3** |  | **cps** | **Point 13** |  | **cps** |
| **ccps** | **ccps** |
| **Point 4** |  | **cps** | **Point 14** |  | **cps** |
| **ccps** | **ccps** |
| **Point 5** |  | **cps** | **Point 15** |  | **cps** |
| **ccps** | **ccps** |
| **Point 6** |  | **cps** | **Point 16** |  | **cps** |
| **ccps** | **ccps** |
| **Point 7** |  | **cps** | **Point 17** |  | **cps** |
| **ccps** | **ccps** |
| **Point 8** |  | **cps** | **Point 18** |  | **cps** |
| **ccps** | **ccps** |
| **Point 9** |  | **cps** | **Point 19** |  | **cps** |
| **ccps** | **ccps** |
| **Point 10** |  | **cps** | **Point 20** |  | **cps** |
| **ccps** | **ccps** |
| Corrected counts per second (ccps) = counts per second – background reading |

If any corrected count exceeds the departmentally agreed level, the area is to be cleaned and surveyed again. If, after cleaning, the level has not been reduced to below the departmentally agreed level, the Departmental Radiation Protection Supervisor (DRPS) is to be contacted immediately for advice, and the University Radiation Protection Officer (URPO) is to be informed.

**Ensure that a suitable diagram is attached, showing all noted survey points.**

|  |
| --- |
| **3. ADMINISTRATIVE INFORMATION** |
| **Survey Completed by** |
| **Name:** |  | **Signature:** |  | **Date:** |  |