

**University of the Sciences in Philadelphia
Environmental Health and Radiation Safety (EHRS) Department**

RADIONUCLIDE PACKAGE RECEIPT LOG

Laboratory Supervisor: _____

Survey Instrument: _____

End User: _____

Wipe Test Counter: _____

Laboratory Room #: _____

DATE	PO #	RADIONUCLIDE	ACTIVITY (uCi)	CHEMICAL FORM	PKG. O.K. ? Y/N		
SURVEY *			WIPE			EMPTY *	INITIALS
Bkg. mR/hr	1 m mR/hr	Surface mR/hr	Package (dpm)	Container (dpm)	Vial (dpm)	Pkg. mR/hr	

Wipe tests must be done within 3 hours after receipt at USP.

Attach wipe test results to this sheet and return to Box #85, the same day.

Results > 1000 dpm/100 cm², contact RSO immediately.

* Survey the package only if the package was labeled as radioactive, or if there is **any** damage.

$$\text{dpm} = \frac{\text{cpm}}{\text{efficiency}}$$

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