

**WIPE TEST OR RADIATION ASSESSMENT FORM**

Permit Holder \_\_\_\_\_ Room # \_\_\_\_\_ Date \_\_\_\_\_

No.	Sampling Location	Description	Bkg	Measurement		
				Gross (cpm)	Net (cpm)	Net (Bq or Bq/cm <sup>2</sup> )
1						
2						
3						
4						
5						
6						
7						
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