



Radiation Safety

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Serving Stony Brook University, Stony Brook University Hospital, & Article 28 facilities

****Completion of this form is required to document events in accordance with policy [ERM.EHS.RS 302 Requirements for Wipe Testing for Removable Radioactive Contamination](#)**

Area Contamination Wipe Test Exemption

The frequency of surveys is based upon the amount of licensed material "in use" (including in waste) at any one time at any particular location. If permitted material has not been used for a period of time greater than the required survey frequency, then it may be considered to be "not in use."

****Note: Documented wipe tests are required by regulation at specific frequencies and locations determined by the isotope & quantity of materials allowable on approved permit possession limit and not solely the quantity of the most commonly used radioisotopes in lab.****

Required Survey Frequency

Select One:

	Weekly - Removable contamination surveys of laboratory areas where 200 μ Ci or more of photon emitting radioactive materials are used including radionuclide storage and waste areas.
Dates	From: To: <i>*Dates entered in this field are not to exceed 1 work week (Monday - Friday)*</i>
	Monthly - Removable contamination surveys of laboratory areas where only small quantities of photon emitting radioactive material are used (less than 200 μ Ci at a time) including radionuclide storage and waste areas.
Dates	Month:

I hereby affirm that my lab has not used any materials requiring removable contamination wipes for the specified period, and as such, I am exempt from the requirement to submit wipes as part of the regular procedure. I understand that any false claims or failure to submit wipes when applicable may result in a review of my permit status and potential corrective actions.

I further acknowledge that should my use of applicable materials change in the future, I will return to complying with all submission requirements.

By signing below, I attest to the accuracy of this statement.

Lab Name: _____

Signature: _____

Date: _____

Note: This exemption is valid only for the period specified. Regular checks may be conducted to ensure compliance with all policies and procedures.

Submit to Radiation Safety via email at radiationsafety@stonybrook.edu