



RAS FORM 5

RADIOACTIVE SEALED SOURCE LEAK TEST REPORT

1. Authorized User: _____
2. Leak test performed by: _____ Date: _____
3. Department: _____
4. Building and room number: _____
5. Instrument used for wipe sample counting: _____

Sample #	Source	Location	cpm	microcuries
Blank				0

Sealed sources must be checked for leaks using wipe tests every six months.