



Quarter: ①&② ③&④ Year:

RAS FORM 13

RADIATION PRODUCING MACHINE SURVEY LOG

- 1. Authorized User: _____
- 2. Department: _____
- 3. Radiation producing machine: _____
- 4. Building and room number: _____

Geiger Counter - Counts per Minute (CPM) – Monthly Survey

Date	Operator Initials	CPM Front	CPM Left	CPM Rear	CPM Right

Note: Surveys must be completed AT LEAST monthly but may be completed more often depending on XRay design and operation. Geiger Counter must be fully operational, calibrated and designed for the Xray energy level. Submit this log to the UNC Charlotte EH&S Office on a biannual basis.

Date: _____ Authorized User: _____