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: ____________________________

<table>
<thead>
<tr>
<th>Sample #</th>
<th>Source</th>
<th>Location</th>
<th>cpm</th>
<th>microcuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blank</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

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