



R-METRICS LTD.

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WIPE TEST FORM

FOR PERFORMING WIPE TESTS IN FIELD OR LAB

COMPANY NAME	
ADDRESS	
C.N.S.C. LICENSE NO.:	
PHONE	
FAX	
PERSON TO CONTACT	
DATE OF WIPE	
WIPE TAKEN BY	
TYPE OF SAMPLE	Q-Tip <input type="checkbox"/> Cotton Swab <input type="checkbox"/>
TYPE OF ISOTOPE	
MAXIMUM ACTIVITY	PRESENT ACTIVITY
SOURCE SERIAL NO.	
DEVICE MODEL & SERIAL NO.	
SAMPLE I.D.#	Sample Location:
SAMPLE I.D.#	Sample Location:
SAMPLE I.D.#	Sample Location:

- 1) Enclose swabs in envelope, seal and ship by courier to R-Metrics Ltd. for analysis.
- 2) Should there be any contaminated swabs, you will be contacted by phone or by fax. Otherwise, a report will be sent along with our invoice.
- 3) If more than 3 samples, copy this form.
- 4) If you should detect any radiation on your swabs, contact your RSO or call R-Metrics before you ship.
- 5) NOTE: It is prohibited to ship by mail.