Florida Atlantic University Environmental Health Safety

POST-EXPERIMENT CONTAMINATION SURVEY FORM

						Documented Weekly Survey
Date of Use	Personnei	Equipment	Bench	Floor	Ram Secure	(Yes/No)
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		_				

By initialing the boxes above, I certify the areas have been surveyed and are free from contamination. If contamination is found, the area(s) or item must be decontaminated and resurveyed. Please indicate if survey is documented weekly wipe survey in last column. All weekly wipe survey data and decontamination re-survey data must be filed in the laboratory survey binder.

Post-experiment form 1-22-04