



Radiation Contamination Survey  
Service Recharge Agreement



**Recharge Agreement** (This agreement must be completed to initiate radiation monitoring. Send completed form to EH&S, Box 0942)

Principal Investigator \_\_\_\_\_ RUA# \_\_\_\_\_  
 Department \_\_\_\_\_ Campus \_\_\_\_\_  
 Lab Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_  
 Billing Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

**EH&S Radiation Contamination Survey Service Recharge Agreement - Responsibilities**

The PI agrees to:

1. Complete PI/lab identifying information
2. List locations to be surveyed/wiped
3. Indicate survey/wipe frequency
4. Indicate if EH&S will do decon or not
5. Provide payment information for services
6. Sign and Date form
7. Attach a facility map with wipe testing locations identified

EH&S agrees to:

1. EH&S specialist can assist in identifying survey locations, frequency, map, etc.
2. EH&S will perform surveys, wipes and/or decontamination as indicated below
3. When contamination is found, EH&S will provide a contamination report to the PI
4. EH&S will maintain wipe test and decontamination records

**Survey Locations, Wipes and Decontamination**

Bldg & Rm # \_\_\_\_\_ # of Wipes \_\_\_\_\_ Bldg & Rm # \_\_\_\_\_ # of Wipes \_\_\_\_\_  
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 Bldg & Rm # \_\_\_\_\_ # of Wipes \_\_\_\_\_ Bldg & Rm # \_\_\_\_\_ # of Wipes \_\_\_\_\_  
 Survey Frequency: Daily Weekly Monthly Wipe Frequency: Daily Weekly Monthly  
 If contamination is found, will EH&S do decon? Yes No And post-decon re-wipes? Yes No

**Current Recharge Rates**

Surveys/visits are \$21.80 per room Wipes are \$2.31 per wipe Decon is \$269.80 per hour

**Recharge estimates exclude decon & re-wipe charges (to be completed by EH&S)**

Total Surveys per Month: \_\_\_\_\_ X \$ \_\_\_\_\_ /room = \$ \_\_\_\_\_ per month  
 Total Wipes per Month: \_\_\_\_\_ X \$ \_\_\_\_\_ /wipe = \$ \_\_\_\_\_ per month

**Payment Information (to be completed by PI/Department Expense Authorizer)**

Fund	Dept ID	Project	Activity Period	Function	Flexfield	OR	Speed Type

Department Expense Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EH&S Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_