



Wipe Test Submission Form

In order to ensure satisfactory results a completed copy of this form must be returned with every batch of wipe tests sent for analysis to Radiation Health Unit

Please complete/correct any company details below.

Company Name	
Address	
Contact	
Phone	
Fax	
E-mail	

Indicate the gauges/sources which have been wipe tested by ticking the boxes in the form below. Enter the date the wipe test was carried out.

Return this form with the wipes in individually labelled plastic bags to:

Radiation Health
Grace Vaughan House,
227 Stubbs Terrace
Shenton Park 6008

No analysis of wipe tests can be started without a Purchase Order Number.

Purchase Order Number:

Gauge (Source) Serial Number	Isotope	Manufacturer and Model	Date