


**RADIATION SAFETY DEPARTMENT**
**WEST VIRGINIA UNIVERSITY • HEALTH SCIENCES CENTER • WVU HOSPITALS • JEFFERSON MEMORIAL HOSPITAL**

G-139 Health Sciences Center • PO Box 9006 • Morgantown, WV 26506-9006 • Phone: 304-293-3413 • Fax: 304-293-4529

## Geiger Mueller Survey Meter Registration Form

### Authorized Radiation User/PI

Name \_\_\_\_\_ Department \_\_\_\_\_

Building \_\_\_\_\_ Room # where meter is stored/used \_\_\_\_\_

Lab telephone #: \_\_\_\_\_ - \_\_\_\_\_ ARU/PIs E-mail address \_\_\_\_\_

### Survey Meter Description

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_

Serial # \_\_\_\_\_ Date of last calibration \_\_\_\_/\_\_\_\_/\_\_\_\_

 Meter display type (Circle all that apply)      **mR/hr**    **cps**    **cpm**

### Probe(s) Description

Manufacturer \_\_\_\_\_ Serial # \_\_\_\_\_ Type \_\_\_\_\_

Manufacturer \_\_\_\_\_ Serial # \_\_\_\_\_ Type \_\_\_\_\_

I hereby certify that the information provided above is true and accurate to the best of my knowledge and any deviations in this registration will be reported to Radiation Safety Department within ten (10) working days.

ARU/PI Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** Please attach one copy of the original calibration certificate issued by the manufacturer to the completed registration form and return to:

**Radiation Safety Department  
P.O. Box 9006, HSCN  
or Fax (304) 293-4529.**