

Office of Radiation Safety Services

Geiger Counter (GM) Instruction Certification

Date: _____

Name: _____

License: _____

Successfully Completed

- | | |
|---|-------|
| 1. Battery Check Conducted | _____ |
| 2. Choice of Correct Scale for Instrument Response Check | _____ |
| 3. Verifies Correct Instrument Response with Check Source (+/- 10%) | _____ |
| 4. Verifies Instrument Calibration within 1 year | _____ |
| 5. Demonstrates appropriate Frisk of Body (Hands, Shoes, Body) | _____ |
| 6. Demonstrates Survey of Lab Bench and Equipment | _____ |
| 7. Detects Response of Isotopes (H3, C14, P32) | _____ |

I attest that I have been instructed on all of the above items.

Signature _____