QUARTERLY USE STATEMENT

DIRECTIONS:

- If H-3, Fe-55, and/or Ni-63 <u>was used</u> within a calendar quarter, mark the "YES" box and write your name/initials within that quarter. Quarterly wipe testing is **required** at the end of that quarter.

- If H-3, Fe-55, and/or Ni-63 <u>was NOT used</u> within a calendar quarter, mark the "NO" box and write your name or initials when that quarter ends. Quarterly wipe testing is **not required** for that quarter.

Start a new document each calendar year. Retain "Quarterly Use Statements" on file for 2 years.

NOTE: Each PI has the discretion to require monthly or quarterly wipe tests.

YEAR: _____   **AUTHOREE/PI:** _____

CALENDAR QUARTER		Was H-3, Fe-55, and/or Ni-63 used?		NAME/INITIALS
		YES (quarterly wipe testing required)	**NO** (quarterly wipe testing not required)	
1	January February March			
2	April May June			
3	July August September			
4	October November December			