



**RADIATION SAFETY DEPARTMENT**

**WEST VIRGINIA UNIVERSITY • HEALTH SCIENCES CENTER • WVU HOSPITALS  
JEFFERSON MEDICAL CENTER • FAIRMONT REGIONAL CANCER CENTER**

G-139 Health Sciences Center • PO Box 9006 • Morgantown, WV 26506-9006 • Phone: 304-293-3413 • Email: radiationsafety@hsc.wvu.edu

**GEIGER-MUELLER SURVEY METER REGISTRATION**

**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, HSC-N  
or Email: radiationsafety@hsc.wvu.edu**