

Braxton County Memorial Hospital
100 Hoylman Drive
Gassaway, WV 26624
(304) 364-1106 Fax: (304) 364-1090



FAX

TO: Sharon Long 866-872-9302
FROM: Cheryl Rattiff
CC: _____
DATE: 4-1-13
RE: _____

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

This is page 1 of 4 pages.

IF YOU HAVE ANY PROBLEMS WITH THIS TRANSMISSION, PLEASE CALL:

NAME: Cheryl Rattiff
PHONE: 304-364-1106

NOTICE: The information contained in this facsimile transmission is only for the use of the individual or entity named above, and contains medical information that is privileged, confidential and exempt or protected from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this communication in error, please immediately notify us by telephone at the above given phone number. Return the original message to the Department/Sender listed above, at 100 Hoylman Drive; Gassaway, WV 26624 or shred the information. Any questions or concerns should be addressed to the above stated Department/Sender at the above stated phone number. Thank you.

COMMENTS: _____



BIODOSE

Area Wipe Report

BRAXTON COUNTY MEMORIAL HOSPITAL
100 HOLYMAN DR
GASSAWAY, WV 26624
ON FILE

Date From: 2013/03/27

Date To: 2013/03/27

Group: NUCLEAR

Description: NUCLEAR

Background CPM: 1297

Date: 3/27/2013 Time: 11:23:20 AM

Name: WIPE METER

Probe: WIPE METER

Meter Name: WIPE METER

Next Meter Calibration Date: 3/27/2014

Performed By: APRIL SCOTT

Model: 2200

Serial Number: 167984

Item Name	Gross CPM Value	Gross DPM Value	Net CPM Value	Net DPM Value	Notes
01 HL COUNTER	1307	4021.54	10	30.77	
02 HL WASTE	1300	4000.00	3	9.23	
03 HL FLOOR	1294	3981.54	0	0.00	
04 CAM TABLE	1299	3996.92	2	6.15	
05 CAM KEYB	1305	4015.38	8	24.62	
06 SINK	1289	3966.15	0	0.00	
07 IMG FLOOR	1309	4027.69	12	36.92	
08 OFFICE	1301	4003.08	4	12.31	
09 IMG TRASH	1299	3996.92	2	6.15	
10 SL T-MILL	1294	3981.54	0	0.00	
11 SL FLOOR	1308	4024.62	11	33.85	
12 SL WASTE	1301	4003.08	4	12.31	

Apr. 1. 2013 8:07AM BRAXTON MEM X-RAY

No. 4751

P. 2



BIODOSE

Area Monitor Summary

BRAXTON COUNTY MEMORIAL HOSPITAL
100 HOLYMAN DR
GASSAWAY, WV 26624
ON FILE

Date From: 2013/03/27

Date To: 2013/03/27

User Initials User Name
AS APRIL SCOTT

Area Name	Description	Trigger Value
13 TECH HANDS	13 TECH HANDS	0.02
12 SL WASTE	12 SL WASTE	0.02
11 SL FLOOR	11 SL FLOOR	2
10 SL T-MILL	10 SL T-MILL	2
09 IMG TRASH	09 IMG TRASH	2
08 OFFICE	08 OFFICE	0.16
07 IMG FLOOR	07 IMG FLOOR	2
06 SINK	06 SINK	2
05 CAM KEYB	05 CAM KEYB	2
04 CAM TABLE	04 CAM TABLE	2
03 HL FLOOR	03 HL FLOOR	2
02 HL WASTE	02 HL WASTE	2
01 HL COUNTER	01 HL COUNTER	2

The above report indicates all of the area monitoring test(s) have passed.
All of the test results fall within trigger limits.

Technologist signature: _____

R.S.O. signature: _____

Apr. 1, 2013 8:07AM BRAXTON MEM X-RAY No. 4751 P. 3



BIODOSE

Area Monitor Summary

BRAXTON COUNTY MEMORIAL HOSPITAL
100 HOLYMAN DR
GASSAWAY, WV 26624
ON FILE

Date From: 2013/03/27

Date To: 2013/03/27

Apr. 1, 2013 8:09AM BRAXTON MEM X-RAY

No. 4751

P. 4

Table with 3 columns: Item Names, 03/27/2013, 03/28/2013. Rows include: 13 TECH HANDS, 12 SL WASTE, 11 SL FLOOR, 10 SL T-MILL, 09 IMG TRASH, 08 OFFICE, 07 IMG FLOOR, 06 SINK, 05 CAM KEYB, 04 CAM TABLE, 03 HL FLOOR, 02 HL WASTE, 01 HL COUNTER, Unit of Measure, Performed By, Time Performed, Background Value, Meter Used.

Table with 7 columns: Meter Number, Meter Name, Model, Serial Number, Calibration Date, Probe, Check Source. Row 1: 1, SURVEY METER Back up, 14C, 203147, 7/30/2013, PANCAKE PROBE, 203147.

The above report indicates all of the area monitoring test(s) have passed. All of the test results fall within trigger limits.

Technologist signature: [Signature]
R.S.O. signature: _____