



INDIANA UNIVERSITY

OFFICE OF RESEARCH ADMINISTRATION
RADIATION SAFETY - INDIANAPOLIS

REQUEST FOR
DECOMMISSIONING OF
RADIONUCLIDE LAB(S)



Permit Holder and Laboratory Room Information

Permit Holder Name (Last, First, MI.):	Department:
Location(s) to be Removed (Building and Room):	E-mail:

Final Disposition of Unused Radioactive Material

Check all that apply:

Transferred to Waste Transferred to another lab authorized under this permit.

*To be transferred to another Permit/Institution: _____
Name of Permit Holder or Institution

Final Disposition of Radioactive Waste(s)

Disposed via RSO Other: _____

Unused containers were: Transferred to another lab/PH Transferred to RSO N/A

Miscellaneous

All contaminated items (e.g. bench paper, glassware, etc.) transferred to radioactive waste.

All radioactive labels removed from uncontaminated equipment within the lab.

A final wipe survey has been completed in the lab(s) with no areas exceeding 200 cpm/100 cm² above background (attach results when submitting this form).

A final direct (GM) radiation survey has been completed in the lab(s) with no contamination being found, if applicable (attach survey sheet).

Permit Holder Signature

Signature:	Date:
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RSO USE ONLY!

Protocol:	Closeout Survey Completed By (Last Name):	Date:
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- Wipes Taken? <200cpm net? Direct survey @ Bkg? RAM Labels Removed/Defaced?
- NRC Form 3 Removed? Active/Closeout File Updated? Database Updated?

NOTE TO RSO: Attach all survey/wipe documentation to this document.

*Transfers to institutions outside of IUPUI require RSO assistance.