



INDIANA UNIVERSITY

OFFICE OF RESEARCH ADMINISTRATION  
RADIATION SAFETY - INDIANAPOLIS

# RADIONUCLIDE USE PERMIT CANCELLATION FORM



## Permit Holder Information

Permit Holder Name (Last, First, MI.):

Department:

Location (Building and Room):

Phone:

E-mail:

## Final Disposition of Unused Radioactive Material

Select One:

Transferred to Waste     Transferred to another Permit Holder: \_\_\_\_\_  
Permit Holder Last Name

\*To be transferred to another institution: \_\_\_\_\_  
Name of Institution

## Final Disposition of Radioactive Waste(s)

Disposed via RSO     Other: \_\_\_\_\_

Unused containers were:  Transferred to another 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.

Rad. Safety A-13 Form, *Employee Status Change* form, completed for each user leaving the lab.

Personnel monitoring badges/rings returned to RSO, if applicable.

A final wipe survey has been completed in the lab(s) with no areas exceeding 200 cpm/100 cm<sup>2</sup> above background.

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

## Permit Holder Information, Agreement, and Signature

By signing this document, I acknowledge that I am cancelling my Radionuclide Use Permit. I certify that I, or a designee, have performed all of the above indicated actions.

} Signature:  
Date:

### RSO USE ONLY!

Protocol:

Closeout Survey Completed By (Last Name):

Date:

\*Transfers to institutions outside of IUPUI require RSO assistance.