Termination of Radioactive Materials Work

PI: ________________________________ Phone: ________________
Office: ________________________________ AU #: ________________

To terminate work with radioactive materials, if no other PI uses radioactive materials in the room, remove all radioactive materials, do a final survey and attach to this form, and remove all "Caution - Radioactive Material" signs. Final surveys are not necessary for rooms shared with other PIs who continue to use radioactive materials in the room.

Building Room Protocol ID #
__________________________________________  ____________________________________  ________________
__________________________________________  ____________________________________  ________________

Additional Personnel to Remove (if any)

Name Name
__________________________________________  ____________________________________
__________________________________________  ____________________________________
__________________________________________  ____________________________________

RSO Signature: ________________________________ DATE: __________________

After the final survey and form is completed, the RSO will amend the University's state license to reflect the termination of the work.

Date Amendment Requested: __________________________