



Texas Tech University Health Sciences Center

Radiation Laboratory Close-Out Survey Checklist

Sublicensee: _____ Laboratory Location(s): _____

- Sublicense Termination
- Relocation of Radiation Laboratory within TTUHSC
- Laboratory Deactivation
- Other: _____

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Inventory: All radioactive materials accounted for |
| <input type="checkbox"/> | <input type="checkbox"/> | Inventory transferred to Radiation Safety Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Inventory transferred to another sublicensee |

Sublicensee: _____ Laboratory Location: _____

- Other transfer (explain): _____

Name: _____ Institution: _____

Location: _____ Radioactive Material License Number: _____

- Final Contamination Survey Performed? Date of Survey: _____
 Surveyed By: _____

- Surface Contamination Found?
- Signs, labels and radioactive waste containers removed from laboratory and storage areas?
- Personnel Dosimetry Services terminated?
- Laboratory and storage areas cleared by Radiation Safety Services for unrestricted use?
 If not, explain: _____

I hereby certify that all radioactive materials assigned to me have been properly transferred and that these work areas are acceptable for unrestricted use.

Sublicensee Date

Department Chair Date

Radiation Safety Officer Date

Authorization is granted for the deactivation/transfer of the above laboratory(s).

Radiation Safety Committee Chair Date

Texas State Government Privacy Policies (Government Code):

1) With few exceptions, you are entitled on request to be informed about the information the state governmental body collects about you; 2) Under Section 552.021 and 552.023, you are entitled to receive and review the information; and 3) Under Section 552.004, you are entitled to have the state governmental body correct information about you that is incorrect.