

## 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 _____ _____ _____
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----- EHS use only -----

**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: \_\_\_\_\_

