

LABORATORY DECOMMISSIONING CLEARANCE AUTHORIZATION FOR Campus Operations & Safety (COS) and Research Compliance (RC) USE ONLY

Labora	tory Information:						
Principle Investigator/Responsible person		 De	Department				
Building		Bu	Building number				
Date of Survey		Rc	Room(s)				
	ommissioning survey has been perform liance on the laboratory space (s) liste		Operations and	Safety ar	nd Resea	rch	
The fol	lowing officials have also completed c	loseout surveys	s for the identified	d spaces			
	l. Consultance			Yes	No	N/A	
	arch Compliance						
Radiological Safety Program Campus Operations & Safety							
laborat	The laboratory areas listed above h	ave been succe	ssfully decommis				
	reassignment to a new researcher; Construction, renovation, remediat	r; for re-occupancy as a non-laboratory space; or for iation, and/or abatement.					
0	The following issues must be addressed and a follow-up survey completed before the laboratory space may be re-assigned:						
COS Re	epresentative Conducting survey:						
Title		Date	Sign	ature			
IBC Me	ember Conducting survey:						
Title		 Date	 Sign	ature			