



This form is required to record the decommissioning of any location where radioactive materials have been used or stored at the University of Manitoba.

Door Sign and posted Radioisotope Permit may only be removed by Radiation Safety Personnel

Permit Holder: _____ Permit Number: _____
Proposed date of permit cancellation or removal of location from the permit (please allow two weeks): _____
Locations to be decommissioned
[] All locations presently listed as approved for Use or Manipulation or Storage, or
[] Locations: _____
Is this related to an upcoming renovation? Yes [] No []
If Yes, provide the Physical Plant contact (name & phone number) _____

PROCEDURE

1. Inform Environmental Health & Safety (EHS) of Intent to Decommission:

Permit Holder or Laboratory Radiation Supervisor to inform Radiation Safety of intent to:

- [] Cancel or allow permit to expire without renewal
[] Remove location from existing Internal Radioisotope Permit

Written notice or Email: radsafety@umanitoba.ca is required. Date done: _____

2. Inventory Records and remove of ALL Radioactive Stock, Sealed Sources, Working Solutions, Samples and Specimens (may check more than one)

- [] No radioactive material was ever acquired.
[] Radioactive Material disposed of by means listed on the Permit. Details indicated on Inventory forms. The completed, signed Inventory forms have been forwarded to Radiation Safety or are enclosed.
[] Radioactive material and Inventory records were moved to another location listed on the Permit.

**Transfers of radioactive material to another permit holder or another facility must be pre-authorized by EHS.

- [] Radioactive material was transferred to another Permit Holder.
Note: Make sure all the radioactive material's corresponding documentation (Inventory records, leak test certificates etc.) is transferred. Signature of Receiving Permit Holder signifying that the radioactive items and the corresponding documentation have been received and will be maintained with the locations Records Binder:
Receiving Permit Holders Name and permit #: _____
Date transfer complete: _____ Signature of Receiving Permit Holder: _____
[] Radioactive material has been transferred to another facility or returned to the Supplier (outside of the control of the University Radiation Protection Committee). Inventory records forwarded to EHS.

3. Remove of ALL Radioactive Waste ([] Not applicable - sealed source permit)

- [] None generated.
[] Disposal of Radioactive Waste completed. Date: _____
Method: [] Disposed through EHS [] Other _____

4. Contamination Monitoring:

(Not applicable - sealed source or radiation device permit)

Once all Radioactive Materials are removed, a final contamination monitoring MUST be performed and documented. All areas (including equipment and items) where radioactive material have been used or stored must be determined to have less than 0.5 Bq/cm². Areas determined to have in excess of this level must be decontaminated by appropriate means and re-monitored until this condition is met. Written record of calculations and actions are to be included with the location's Radiation Safety Records Binder and a copy attached to this form.

Date Done: _____

- All records moved to another location listed on the Internal Radioisotope Permit.
- Contamination Monitoring records transferred to another Permit Holder (if the same permitted location).

Signature of Receiving Permit Holder signifying that the records have been received and will be maintained:

Permit holder and permit number _____

Date transfer complete: _____ Signature of Receiving Permit Holder: _____

- All records and binder forwarded to Radiation Safety or are enclosed.

5. Deface

After the laboratory areas and all the equipment used with radioactive material has been ensured to be below 0.5 Bq/cm², ALL radioactive warning symbols, signs and tapes must be completely removed or defaced.

Date completed: _____

The department head signature is only required when the whole permit is being decommissioned or when permit holder is not available.

Declaration

This is to certify that the information given on this form is accurate and complete in every respect.

Signature of Permit Holder: _____ Date: _____

Name of Department: _____ Name of Department Head: _____

Signature of Department Head: _____ Date: _____

Return this completed form along with required records to:

Radiation Safety, Environmental Health & Safety
P310 Pathology Building, University of Manitoba, Winnipeg, Manitoba R3E 0W3

EHS Use only:

For Room:

Radioactives removed:

Rooms/ areas/ Equipment defaced:

Contamination Monitoring Results:

Permits, Rules, Waste Chart removed:

Records and Rad records binder secured:

WHIP updated:

Decommissioning approved by: _____ Date: _____ Date entered on database: _____