



This form is required to record the decommissioning of any location where permitted X-ray Equipment has been used or stored at the University of Manitoba.

Door Sign and posted X-ray 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 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 X-ray Permit

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

2. Inventory Records and remove of X-ray Equipment (may check more than one)

- No X-ray Equipment was ever acquired. X-ray Equipment was disposed of by means listed on the Permit. X-ray Equipment and related records were moved to another location listed on the Permit.

Room: Building:

- X-ray Equipment was transferred to another University of Manitoba X-ray Permit: Note: Make sure all the X-ray Equipment's corresponding documentation (Log/Use records, leakage tests, etc.) are transferred.

New location of X-ray Equipment - Room: Building:

Receiving Permit Holders Name and permit #:

Date transfer complete: Signature of Receiving Permit Holder:

- X-ray Equipment has been transferred to another facility or returned to the Supplier. (outside of the control of the University Safety Committee). * Related records forwarded to EHS.

* Transfers of X-ray Equipment to another permit holder or another facility must be pre-authorized by EHS.

The department head signature is required for decommissioning the whole permit 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: _____

Send completed form by email to radsafety@umanitoba.ca

Leave completed hard copy form along with required records in lab (EHS will pick up with records at the decommissioning visit).

EHS Use only:

For Room:

X-ray Equipment removed:

If relocated – EHS has to update registration form and send to RP- CCM Date done:

If Equipment Decommissioned

- does EHS have Decom Lab Equip Form

- RP CCM updated (emailed) Date done:

Rooms/ areas/ Equipment defaced:

Contamination Monitoring Results:

Permits and Rules removed:

Records and Rad records binder secured:

WHIP updated:

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