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 ☐

Inventory: All radioactive materials accounted for
☐ Inventory transferred to Radiation Safety Services
☐ 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.