

DECOMMISSIONING OF RAM-USE ROOM

Building _____ Room number _____

TO BE COMPLETED BY AU(s)

I(We) request the room(s) listed above be removed from my(our) radioactive material authorization(s). I(We) understand that the room(s) remains under my(our) or my(our) department's responsibility until the RSO of informs me(us), in writing, that the room is removed from my(our) authorization(s).

My(Our) signature(s) below certifies that:

1. All of my(our) radioactive material is removed from the room.
2. Room surveys and any needed decontamination were performed. **(A copy of survey(s) is attached.)**

AU Name	AU Signature	Date of Request

- Room is being fully decommissioned (all AUs ceasing use).
 Room is being partially decommissioned (at least one AU remains).

TO BE COMPLETED BY RSO of

RSO of ACTION DATES

_____ Wipe test and meter survey performed (copy attached):

no contamination _____.

_____ Visual survey performed:

no RAM observed(full decommissioning).

no RAM observed for AU(s) listed above(partial decommissioning).

_____ All applicable RAM signs removed for full decommissioning.

_____ Master laboratory survey form updated.

_____ Letters certifying decommissioning sent to:

AU AU File Department Chair Room File.

Comments: _____

