

## **NON-COMPLIANCE RESPONSE FORM**

(Copy of this response maintained on share drive in Incident Reports by year, quarter, AU)

**Date:**

**To: Radiation Safety Officer**

**From:**

Authorized User's name (printed)/Authorized User's signature

**Date of noncompliance(s) letter:**

**Date noncompliance(s) observed:**

**Description of noncompliance(s):**

**Action(s) that were taken to correct the non-compliance(s):**

**Action(s) that were taken to prevent future occurrences of the non-compliance(s):**

**The non-compliance(s) and associated corrective action was discussed with the following individuals:  
(All radiation workers in the lab must be notified)**

**Notes:**