

NON-COMPLIANCE RESPONSE FORM

(Retain a copy of this response for AU records)

<p>Date: _____</p> <p>To: Radiation Safety Officer, ML 0591</p> <p>From: _____ / _____ Authorized User's name (printed)/Authorized User's signature</p> <p>Date of noncompliance(s) letter: _____</p> <p>Date noncompliance(s) was observed: _____</p>

Description of noncompliance(s): _____

The following action(s) were taken to correct the non-compliance(s): _____

The following action(s) were taken to prevent future occurrences of the non-compliance(s): _____

The non-compliance(s) and associated corrective action, as indicated by their signature, was discussed with the following individuals:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes: _____
