

NUCLEAR SUBSTANCE ROOM DECOMMISSIONING FORM

The permit holder shall ensure that prior to decommissioning any area, room or enclosure where the permitted activity has been conducted: non-fixed contamination does not exceed 0.3 Bq/cm² for all class A radionuclides and 3 Bq/cm² for all class B & C radionuclides (see classification of selected radionuclides in the section 4.5 of Western radiation safety manual.); averaged over an area not exceeding 100 cm². Any area, room, or enclosure containing fixed contamination must be reported to the Radiation Safety Coordinator.

Permit Holder: _____ Permit Number: _____

Room Number/Building _____

Performed By: _____ Signature: _____ Date: _____

<i>1. Removal of required Postings/Signs:</i>	<i>Completed</i>		
1. Internal permit	Y	N	N/A
2. CNSC safety poster(s)	Y	N	N/A
3. Western waste label(s)	Y	N	N/A
4. CNSC licence (if applicable)	Y	N	N/A
5. Entry door warning sign	Y	N	N/A
 <i>2. Other labels:</i>			
1. Refrigerator/freezer label	Y	N	N/A
2. Storage areas	Y	N	N/A
3. Tape surrounding workstation	Y	N	N/A
4. Pipettors	Y	N	N/A
5. Other lab equipment	Y	N	N/A
 <i>3. Inventory: records completed, all stock vials, sources, aliquots etc. disposed</i>	Y	N	N/A
 <i>4. Radioactive Waste:</i>			
1. Dispose of all remaining waste	Y	N	N/A
2. Check frig/freezer & dispose of all labeled contents	Y	N	N/A
3. Return pails to Environmental Safety Personnel	Y	N	N/A
 5. Dosimetry: Inform the TLD badge coordinator to remove name(s) from from radiation exposure monitoring list (if applicable)	Y	N	N/A

6. Radiation Measuring Instruments (e.g. Liquid Scintillation Counter): Will these be disposed or transferred to someone else (identify all)? Provide details below:

Contamination Monitoring Results

Provide a floor plan of the lab/area to be decommissioned. Indicate the locations of wipe test on the floor plan by a representative number and record results in the table below.

Radionuclides being sampled and monitored for:

Iodine 125 Carbon 14 Chromium 51
 Hydrogen 3 Sulfur 35 Calcium 45
 Phosphorous 32 Phosphorous 33 Other(s) _____

Measurement Method:

Counter (type, make and model): _____

Calibration Date: _____ Background in cpm: _____

Minimum detector efficiency E: (for example 35% efficiency, E = 0.35) _____

Area sampled on the attached floor plan	Gross counts in cpm	Net count in cpm (Gross counts – Background counts)	Contamination level in Bq/cm ² (Net counts in cpm)/(E x 600)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please attach any additional area sampled on the floor plan if required

Potential fixed contamination is measured using an appropriate contamination meter at the above locations. Any measured location that is higher than the background level must be reported to the Radiation Safety Coordinator.

Potential radiation field is measured with calibrated dose rate meter. If the radiation field is above the background, the source of radiation must be removed until the radiation field is equal to the radiation background level.

Meter(s) used: _____

Reviewed by: _____ Date: _____

Permit Holder's signature

Reviewed by: _____ Date: _____

Health and Safety Consultant's signature

Please complete the necessary information and send to:

Radiation Safety (RadSafety@uwo.ca), Room 4159, OHS, Support Services Building