

## **RADIATION SAFETY DEPARTMENT**

WEST VIRGINIA UNIVERSITY • HEALTH SCIENCES CENTER • WVU HOSPITALS
JEFFERSON MEDICAL CENTER • FAIRMONT REGIONAL CANCER CENTER

G-139 Health Sciences Center \* PO Box 9006 \* Morgantown, WV 26506-9006 \* Phone: 304-293-3413 \* Email: radiationsafety@hsc.wvu.edu

## **LABORATORY CLOSEOUT CHECKLIST**

Principal Investigator/Authorized User:			
Department:			
Building and Room Number(s):			
Office Phone:			
E-mail Address:			
This is to certify that the laboratory equipment and/or room listed above is considwork and/or occupancy. All radioactive materials have been removed. All potential have been decontaminated in accordance with Radiation Safety Department requipment.	ally contar	ninated	
	Inspection Date		
Check the box that is applicable:	Yes	No	N/A
Radioactive isotopes removed	1.00	110	14/71
Radioactive waste removed			
Personnel dosimetry badges returned			
Equipment, drawers, and cabinets are emptied, cleaned, and wiped down			
Fume hood(s) emptied and cleaned			
Broken/uncontaminated glassware removed or disposed in glass waste			
box			
General cleanliness and hygiene acceptable			
Final PI/ARU survey of all laboratory areas, equipment, and furniture complete (see attached results)			
TO BE COMPLETED BY RSD			
RSD survey conducted			
<600 dpm/100 cm <sup>2</sup>			
<0.02 mR/hr			
Radiation hazard/warning signs removed (by RSD)			
Other/comments:			
Signature, Principal Investigator / Authorized User	Date		
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Signature, Department Chairperson	Date		
Signature, Radiation Safety Officer / Designee	Date		

As of: 1/22/25