

**Western Human Resources
Occupational Health and Safety**



X-ray Decommissioning/Transfer Checklist

Permit Holder: _____	Department: _____
Permit #: _____	Building: _____
Room #: _____	Office Telephone: _____
Facility Telephone: _____	Emergency Telephone: _____
E-mail: _____	Office Telephone: _____
Contact Person: _____	E-mail: _____

X-ray Equipment General Information:

Room #	Manufacturer	Type	Model #	Serial #	Max kVp	Max mA	Max workload mA-min/week

Checklist:

	Completion Required by Permit Holder	Reviewed by Health and Safety Consultant
Removal of X-ray Equipment for disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Removal of required postings/ signs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Removal of all inventory for disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer of X-ray Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancellation of Dosimeters	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

In-Case of Transfer or Disposal of X-Ray Equipment

Transfer/Disposal Location and room number (if applicable):	Contact Details of Transferee/Disposal Location:

Declaration:

I, _____, as the Permit Holder of the laboratory(ies) at room(s) _____ in the _____ building. We have completed all the checklist above and have not left any hazardous materials behind. We have vacated our lab that includes decontaminating work surfaces, removing all equipment, furniture, and hazardous materials from the facility.

_____ Signed: Applicant	_____ Date	_____ Signed: Department Chair	_____ Date
_____ Signed: Health and Safety Consultant	_____ Date	_____ Signed: Radiation Safety Committee Chair	_____ Date