

**Princeton University: Environmental Health & Safety**

**REQUEST TO CANCEL RADIOISOTOPE AUTHORIZATION**

Date
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Authorized User	Department	Phone
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Please check all that apply:

I am requesting the cancellation of all authorization numbers issued to me (list the authorizations in Table A).

I am requesting the cancellation of the authorizations listed in Table A but am planning to continue to use other authorized radioactive materials

Table A. Radioisotope Authorizations to be canceled:

Isotope	Authorization Number	Approximate Date of Last Use	Disposition
			Disposed of as waste and removed from lab
			Transferred to:
			Disposed of as waste and removed from lab
			Transferred to:
			Disposed of as waste and removed from lab
			Transferred to:
			Disposed of as waste and removed from lab
			Transferred to:
			Disposed of as waste and removed from lab
			Transferred to:
			Disposed of as waste and removed from lab
			Transferred to:

*Certification: I certify that, as of this date, the radioactive materials described in Table A have been disposed of as waste and have been removed from my lab or have been transferred to other Authorized Users or other institutions as indicated in Table A.*

Authorized User's Signature	Date
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*For EHS Use Only:*

	Is a closeout survey required?
	Modify Inventory Database
	Dosimetry to be canceled?
	Modify Location of Use Spreadsheet
	Cancellation memo to File 3.1