

Ohio Department Of Health

Certificate of Disposition of Materials

1. Instructions:

- A. Print or type and attach all required documentation.
- B. Submit this form to:
Ohio Department of Health
Bureau of Radiation Protection
246 North High Street
Columbus, Ohio 43216-0118

2. Licensee Information

A. Name			
Mailing address	City	State	ZIP
B. License Number		C. License Expiration Date	
<p>D. Location(s): If address is different than mailing address, list address(es). If partial release, list areas to be released. If line item or authorization, list items to be deleted from license.</p>			

3. Requested Action

- License Termination Full Facility Close Out Partial Facility Close Out - Attach floor plan or maps of the area
- Line Item removal Other

4. Disposition of Radioactive Materials

- No materials have ever been procured or possessed by the licensee at this location
- All activities by this license at the specified location(s) or area(s) have ceased. All materials procured and/or possessed under this license at this location(s) or area(s) have been removed.
- N/A Yes Describe specific material transfer actions. Provide all documentation.
- N/A Yes If radioactive wastes were generated in the course of this license action, describe all radioactive material disposal actions.
- N/A Yes If materials were disposed directly by the licensee rather than transferred to another licensee, licensed disposal site, or waste contractor, describe the specific disposal procedure (e.g. methods delineated in OAC 3701:1-38-19).

- N/A Yes If materials were transferred to another licensee, provide recipient's name and address, recipient's NRC or Agreement State license number, and date of the transfer. Include a copy of correspondence verifying the recipient has taken possession of the material. The disposing licensee is responsible for assuring that the recipient is licensed to receive the materials being transferred.

5. Surveys for Contamination and Radiation Levels

Did the licensee conduct a radiation survey to confirm the absence of licensed radioactive materials and to determine whether any contamination remains at this location covered by the licensee?

- Yes The results are attached were forwarded to the Ohio Department of Health on _____(date).
- No Only sealed sources were present, the most recent leak tests for each source indicates no leakage, AND there is no past incident of a leaking source at this location.
- No Other. Provide explanation of why surveys are not necessary.

6. Contact Information

A. Name		B. Title		
C. Address		City	State	ZIP
D. Telephone ()	E. FAX ()	F. E-mail		

7. Certification

I hereby certify that:

- A. All information in this form is true and complete.

B. Printed name	Title
C. Signature	D. Date

Warning: False statements in this certificate may be subject to civil and/or criminal penalties. Ohio Department of Health regulations require that submissions to the Ohio Department of Health be complete and accurate in all material respects.