



RPS-10 - DISPOSITION OF RADIOACTIVE MATERIAL

RPS-10
Rev. 3/2011

Radiation Health Branch
Department for Public Health
Cabinet for Health and Family Services
275 East Main Street
Mailstop HS1C-A
Frankfort, KY 40621

1. Licensee Name _____
2. Address _____

3. Radioactive Material License Number _____
4. Expiration Date _____
5. Radioactive Material Disposition for (check one only) Transfer Termination (see 8 below).
6. Check one of the following and provide any requested information
 - A. No radioactive material has been procured and/or possessed by the licensee under this license.
 - B. All licensed activities have ceased and all radioactive material procured and/or possessed by the licensee has been transferred to the following licensee/supplier:
Name _____
Address _____
License Number _____
Date Transferred _____
 - C. All licensed activities have ceased and all radioactive material has been disposed of in the following manner. (Describe specific disposal procedures. Use reverse side of form if necessary.) _____

7. If unsealed sources or a leaking sealed source of radioactive material had been used, submit a copy of a radiation survey conducted to determine whether any contamination remains at location(s) authorized by license.
 - Survey not required. (Explain) _____

 - Survey report attached.
8. If the license is to be terminated a Low Level Radioactive Waste Form **Must** Be Submitted. This form is on the Radiation Health Branch Website at <http://chfs.ky.gov/dph/radiation.htm>
9. Form must be signed and dated by person authorized to act on behalf of licensee.

I hereby certify that the information provided is true and correct to the best of my knowledge and belief.

Signature

Date

Typed/Printed Name

Title