|  |  |
| --- | --- |
| C:\Users\100767896\AppData\Local\Microsoft\Windows\INetCache\Content.Word\ontariotechuniversity_symbol_cmyk_300ppi.jpg |  **BIOSAFETY & RADIATION SAFETY INSPECTION FOLLOW UP** |
| **Section A: Contact Information (Permit Holder)** |
| **Permit Holder:** | **Contact Person:** | **Contact Extension #:** |
| **Department:** | **Location(s) of Inspection:** |
|  **Section I: Inspection Details** |  |  |  |  |
| Program: | Biosafety Radiation X-Ray Laser Other: |
| Date of Inspection: | Time of Inspection:AM⁪ PM⁪ | Inspected by: |
| Type: Commissioning / Decommissioning / Regular |
|  **Section J: Recommendations / Comments / Actions Required Resulting from Inspection** (R – Recommendation / C - Comment) |
| **Issue/Required Action** |  | **Response/Action Taken** | **Date Completed or To Be Completed By** |
|  |  |  |  |
|  **Section K: Signatures** |
| Completed By: | Title: |
| Signature of Permit Holder: | Extension: | Date Signed: |

*Please complete shaded columns in section J and return to the Bio- and Radiation safety Officer within 1 week of receiving the inspection report.*

**Original to be given to Permit Holder. Bio- and Radiation Safety Officer will take a picture for their electronic records.**