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| 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.**