



CONTROLLED RADIATION AREA HANDOVER FORM



Part 1: University handover of Controlled Radiation Area to Company Representative			
Department		Controlled Area/Room Number	
Company carrying out work		ID Seen Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for handover			
Before issue of the handover document, the controlled radiation area named was inspected on the date given and was deemed safe for working subject to the stated conditions.			
Identify any known hazards within the controlled area (e.g. equipment contamination, other persons working nearby, etc.).			
As an authorised staff member, I hereby handover the above controlled area for service and/or maintenance for the reason stated above.		Company: As an authorised and suitably trained representative of the company, I accept responsibility for the controlled area named above.	
Staff Member:	Signature:	Company Representative:	Signature:
Date:	Time:	Date:	Time:

Part 2: Company Representative returning Controlled Radiation Area back to University			
	Category of Work	Details	
<input type="checkbox"/>	Routine Service		
<input type="checkbox"/>	Fault diagnosis/Repair		
<input type="checkbox"/>	Installation of part (s)		
<input type="checkbox"/>	Upgrade / Modification		
<input type="checkbox"/>	Other		
Company Representative:	Signature:	Staff Member:	Signature:
Date:	Time:	Date:	Time:

Part 3: University Staff – Returning controlled area to use			
Staff Member:	Signature:	Date:	Time:

Notes: After formal handover, the contractor assumes full responsibility for control of the designated area. Their own local rules and risk assessment will be in place for the duration of the handover.