



Irradiator Permit Application

University of Toronto Radiation Protection Authority

- 1. **Name:** _____
- 2. **Department:** _____
- 3. **E-mail address:** _____
- 4. **Building:** _____
- 5. **Office room number:** _____
- 6. **Office telephone number:** _____
- 7. **Home telephone number:** _____
- 8. **University position:** _____
- 9. **Radiation work experience:** (In detail)

- 10. **Experimental Procedures:** In Vitro In Vivo (**Non-Human**)

- 11. **Which irradiator do you intend to use:**

MSB (*cells*)

CCBR (*small animals*)

- 12. **Additional information:**

- a) Can aerosols or gases be produced? No Yes (specify)



b) Are biological material used in the same experiment? No Yes (specify)

c) Are dangerous chemicals used in the same experiment? No Yes (specify)

I agree to abide by the Canadian Nuclear Safety Act and regulations
<http://cnsccsn.gc.ca/eng/acts-and-regulations/regulations/index.cfm>

and by the University of Toronto radiation policies and procedures
<https://ehs.utoronto.ca/our-services/radiation-safety/ionizing-radiation-safety-procedures-policies-manual/>

Applicant's Signature: _____

Date: _____

Department Signature: _____
(Chair/Head of Department)

(Print Name of Chair/Head)

Please submit completed application to: daniel.cardenas@utoronto.ca