



Industrial Radiography Permit Application
Radiation Protection Service

This permit is valid for industrial radiography or “x-ray” scans for the specified date and times on this application. The permit must be posted directly outside the work area in a visible location. A record of the approved permit must be kept on record for a minimum of three (3) years.

Section 1 – To be completed by U of T Project/Property Manager

Project No.: _____

Name: _____ Phone: _____
Position: _____ E-mail: _____
Building: _____ Room(s): _____
Date of Scan: _____ Scan Time: From: _____ to: _____

Relevant Department/Unit and Staff have been notified: Yes No

Notification signs will be posted in areas of potential exposure: Yes No
(Attach copy of warning/notification signage)

Project/Property Manager Signature: _____ Date: _____

Section 2 – To be completed by Industrial Radiographer (contractor)

Company Name: _____

Company Contact (phone): _____

CNSC Licence Number: _____ Expiration Date: _____ *(attached copy of licence)*

Notification signs will be posted in areas of potential exposure: Yes No
(Attach copy of warning/notification signage)

Diagram of exposure area attached: Yes No

Radionuclide: _____ Activity: _____ Ci Collimated Source: Yes No

Beam Direction: Upward Downward Other: _____ Angle: _____

I have reviewed all information provided and certify that is correct

Signature: _____
(Company RSO or radiographer)

Date: _____

University of Toronto Radiation Protection Services USE ONLY

Industrial Radiography Permit: Approved Denied Permit No.: R-_____

Radiation Safety Officer: _____

Date: _____

Radiation Safety Contact: _____

or 416-978-2222 (Campus Safety)