



Radioisotope Permit Application
Institutional Radiation Protection Committee

Name: _____

Department: _____

E-mail address: _____

Building: _____

Office Number: _____ **Phone:** _____

Laboratory room(s) number(s): _____

Position: _____

UTORid: _____

Radioisotope work experience:

Open Sources – list all sealed sources with activities (Bq or Ci) you intend to possess and use:

Sealed Sources – list all sealed sources with activities (Bq or Ci) you intend to possess. If they are part of a radiation device, list the device make and model:

Experimental Procedures: In Vitro In Vivo (**non-human**)



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 laws and regulations under the Nuclear Safety and Control Act (NSCA) in addition all applicable U of T policies and procedures set by the Institutional Radiation Protection Committee (IRPC).

Applicant Signature: _____

Date: _____

Department Chair Signature: _____

Date: _____

Submit completed and signed application to U of T Radiation Safety Officer at
daniel.cardenas@utoronto.ca.