



Radioisotope 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. Laboratory room(s) number(s): _____
9. University position: _____
10. Personal number: _____ 11. UTORid: _____
12. Radioisotope work experience: (In detail)

13. Open sources required:

Radioisotope	Open source delivery rate

14. Sealed sources required:

Radioisotope	Activity	Device where it will be used



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

16. 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://www.nuclearsafety.gc.ca/eng/acts-and-regulations/index.cfm>) and by
the University of Toronto radiation policies and procedures
(<https://ehs.utoronto.ca/wp-content/uploads/2016/11/Radiation-Policies-and-Procedures-Manual-Updated.pdf>)

Applicant's Signature:

Date:

Department Signature:

(Chair/Head of Department)

(Printed name Chair/Head)

Please return completed application to:

*University of Toronto Radiation Protection Service
Office of Environmental Health & Safety
Room 702, 215 Huron Street
Toronto, Ontario, M5S 1A2*