



**X-Ray Permit Application**  
**University of Toronto Radiation Protection Authority**

<b>Name</b>	
<b>Department</b>	
<b>E-mail address</b>	
<b>Building</b>	
<b>Office room number</b>	
<b>Office telephone number</b>	
<b>Home telephone number</b>	
<b>Lab room(s) number(s)</b>	
<b>University position</b>	
<b>Relevant qualification (regarding X-Rays)</b>	

<b>Previous training in X-Ray Safety</b>	
<b>X-Ray work experience (in detail)</b>	

**X-Ray source(s) to be registered**

#	Building	Room	Manufacturer	Model #	Serial #
1					
2					
3					

#	Type <sup>1</sup>	kVp	mA	Use <sup>2</sup>	Use Freq. <sup>3</sup>
1					
2					
3					

- Notes:**
- 1 XRD, Crystallographic, Dental, etc
  - 2 Research, Teaching, etc.
  - 3 Daily, Weekly, Infrequently, 20 hrs/week, etc.

**Plan location drawing**

- A scheme of the laboratory (in scale) must be provided with the following information:
- a The proposed location of the X-Ray source
  - b The proposed location of the X-ray Control panel, if the location is different from that of the X-Ray source
  - c The type and location of any safety devices such as warning lights, interlocks and cut-off switches



d Indicate the north direction

**Composition of the boundaries of the room, including windows and doors (give material Types and thicknesses)**

<b>Floor</b>	
<b>Ceiling</b>	
<b>Walls: North</b>	
East	
South	
West	

**Occupancy**

Direction	Occupancy <sup>4</sup>		Usage factor <sup>5</sup> Per cent
	Type	Per cent	
<b>Down</b>			
<b>Up</b>			
<b>North</b>			
<b>East</b>			
<b>South</b>			
<b>West</b>			

- Notes:**
- 4 Occupancy type is the nature of use of the area in the indicated direction relative to the X-Ray source (e.g. office, lab, hallway, etc.) Occupancy per cent is the fraction of the time the area will be occupied while the source is on.
  - 5 The usage factor is the fraction of the time the beam will be pointed in the direction indicated, as a percentage of the total time the source is on. For uncollimated panoramic or multiple beams, the sum may exceed 100 per cent.

I agree to abide by the Occupational Health and Safety Act – R.R.O. 1990, Regulation 861 (<http://www.octario.ca/laws/regulation/900861>) and by the University of Toronto X-Ray Safety Program (<http://ehs.utoronto.ca/wp-content/uploads/2015/X-Ray-Safety-Program-2013-Updated.pdf>)

**Applicant's Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Chair/ Head of Department  
Signature:** \_\_\_\_\_

\_\_\_\_\_  
*(Print Name of Chair/Head)*