



Radiography Source Permit System

Permit Number: _____

The permit is valid only for the specified time period on this date. The permit must be posted outside the space while the work is conducted. The expired permits must be kept on record for a minimum of 3 years.

To be completed by the project/property manager

Project No. _____

Contact Name: _____ Phone: _____

Location to be tested: Bldg: _____ Rooms: _____

Date: _____ Time: From: _____ To: _____

Relevant Department Office and Staff have been notified: Yes No

Contact Name: _____

Relevant areas if potential exposure will be posted with notification signs: Yes No
(attach a copy of the warning signs to be posted)

Authorized By: Project/Property Manager:

Print Name: _____ Signature: _____

To be completed by the radiographer

Company's Name: _____

Radiographer Cell Phone #: _____

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

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

Direction of Beam: Upwards Downwards Other (identify) _____

Area of Potential Exposure: _____

Relevant areas if potential exposure will be posted with warning signs: Yes No
(attach a copy of the warning signs to be posted)

I have reviewed all information provided above and certify that it is correct.

Certified by Radiographer:

Print Name: _____ Signature: _____ Date: _____

To be completed by the radiation protection office

Radiation Safety Officer's name: _____

Signature: _____ Date: _____