



**Industrial Radiography Permit**

**Permit Number:** \_\_\_\_\_

This 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 permit 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

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

Manager Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**To be completed by the radiographer**

Company's Name: \_\_\_\_\_

Radiographer Cell Phone No: \_\_\_\_\_

CNSC Licence No: \_\_\_\_\_ 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 of potential exposure will be posted with notification 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.** Date: \_\_\_\_\_

Radiographer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**To be completed by the Radiation Protection Service**

Radiation Safety Officer's name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Reviewed: February 2020