



**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

Reviewed: March 2020



**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://cnsccsn.gc.ca/eng/acts-and-regulations/regulations/index.cfm>  
and by the University of Toronto radiation policies and procedures  
<https://ehs.utoronto.ca/our-services/radiation-safety/ionizing-radiation-safety-procedures-policies-manual/>

**Applicant's Signature:**

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**Date:**

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**Department Signature:**

**(Chair/Head of Department)**

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**(Printed name Chair/Head)**

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**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*

**Or e-mail to:** [vanieshree.ranganathan@utoronto.ca](mailto:vanieshree.ranganathan@utoronto.ca)

Reviewed: March 2020