



Industrial Radiography Permit Application

Permit Number: R- _____

This permit is valid only for the specific 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.

Section 1 - 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: _____

Section 2 - To be completed by the radiographer:

Company's Name: _____

Radiographer Cell Phone No: _____

CNSC Licence No: _____ Expiration Date: _____ (attach a copy of licence)

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

The 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: _____

Approval by University of Toronto Radiation Protection Services:

Approved by (Name & Contact): _____

Date: _____ Signature: _____

Reviewed: September 2022