



**Industrial Radiography Permit Application**  
**Radiation Protection Services**

This permit is valid only for the specified date and times on this application. The permit must be posted directly outside the work area in a visible location. A record of the approved permit must be kept on record for a minimum of three (3) years.

**Section 1 – To be completed by Project/Property Manager**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Building: \_\_\_\_\_ Room(s): \_\_\_\_\_

Relevant Department/Unit and Staff have been notified: Yes No

Notification signs will be posted in areas of potential exposure: Yes No  
(Attach copy of warning/notification signage)

Project/Property Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2 – To be completed by Industrial Radiographer (contractor)**

Company Name: \_\_\_\_\_  
Company Contact (phone): \_\_\_\_\_  
CNSC Licence Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (attached copy of licence)

Notification signs will be posted in areas of potential exposure: Yes No  
(Attach copy of warning/notification signage)

Radionuclide: \_\_\_\_\_ Activity: \_\_\_\_\_ Ci Collimated Source: Yes No  
Beam Direction: Upward Downward Other: \_\_\_\_\_ Angle: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Company RSO or radiographer)

**University of Toronto Radiation Protection Services USE ONLY**

Industrial Radiography Permit: Approved Denied Permit No.: R-\_\_\_\_\_

Radiation Safety Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
Radiation Safety Contact: \_\_\_\_\_ or 416-978-2222 (Campus Safety)