**X-RAY PERMIT REGISTRATION FORM**

Please fill out and submit the completed application to [radbio@ontariotechu.ca](mailto:radbio@ontariotechu.ca). The information collected will be reviewed and approved by the Radiation Safety Committee (RSC) and used to provide information to the Ministry of Labour. Upon approval, The RSCO will provide an X-Ray Permit to the X-Ray Supervisor for posting in the X-Ray Area. Please note – powering on the X-Ray cannot commence until:

1. X-Ray Permit is provided by the RSC and posted in the X-Ray area
2. MOL Permit is provided by the Ministry of Labour and posted in the X-Ray area.

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| 1. **X-Ray Supervisor (Responsible Person) Information** | | | |
| **Name of X-Ray Supervisor (person in charge of the X-Ray):**  Click here to enter text. | | | |
| **Position:** | Click here to enter text. | **Department:** | Click here to enter text. |
| **Office Location (Building / Room):** | Click here to enter text. | **Phone Number:** | Click here to enter text. |
| **Email:** | Click here to enter text. | **Emergency Contact Number:** | Click here to enter text. |
| **Please describe your relevant qualifications, experience, and training regarding X-Rays:** | | | |
| Click here to enter text. | | | |

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| 1. **X-Ray Equipment Information** | | |
| **Location of X-Ray (building/room):**  Click here to enter text. | | |
| **Manufacturer:**  Click here to enter text. | **Model Name and Number:**  Click here to enter text. | **Serial #:**  Click here to enter text. |
| **Type of X-Ray Source:**  Portable  Cabinet  Fixed | **Max kVp:**  Click here to enter text. | **Max mA:**  Click here to enter text. |
| **Operation of X-Ray is expected to commence:** Click or tap to enter a date. | | |
| **Please describe the Intended Use of the X-Rays (500 words or less):**  Click here to enter text. | | |
| **Maximum Frequency Workload of X-Ray** (Daily, Weekly, Infrequently, 20 hrs/week, etc)**:**  Click here to enter text. | | |
| **If dosimetry for Authorized Personnel was discussed with the Radiation Safety Officer, please state conclusion:**  Required  Not Required  Unsure (RSO to consult) | | |

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| **C. Authorized Personnel** | | | |
| Please list all authorized personnel, regardless of employment status, who will be authorized to operate the X-Ray instrument without supervision. All authorized personnel working with X-Rays must receive adequate radiation safety training. Please check the Health and Safety website for more training information ([link](https://healthandsafety.ontariotechu.ca/training/index.php)) or contact the Radiation Safety Officer to arrange training: [radbio@ontariotechu.ca](mailto:radbio@ontariotechu.ca). | | | |
| **Name** | **Position** | **Email** | **Radiation Safety Training date completed** (mm/yyyy): |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Please fill out Section C of another application if you would like to list more authorized personnel. | | | |

**E. Declaration:**

I declare that I am familiar with the contents of the Ontario Tech University Radiation Safety Program and that the above describes my research program, insofar as this includes the use of X-Ray and/or X-Ray systems, in its entirety.

As the X-Ray Supervisor, I understand that I am the legally responsible person. I will ensure that all research and teaching conducted under my direction in the above laboratories and by the above personnel conforms to the requirements of the Ontario Tech University Radiation Safety Program. In addition, I understand that if either myself and/or designated personal are found to be in breach of either institutional and/or associated X-Ray regulations under the Ministry of Labour and Canadian Nuclear Safety Commission, all funding maybe frozen until corrective action is taken.

My faculty leadership providing their signature indicates that they are aware that I am using the above X-Ray Instrument at Ontario Tech University and understands my responsibility as the X-Ray Supervisor.

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| **X-Ray Supervisor:** | **Dean:** |
| **Signature** | **Signature** |
| **Print name:** Click here to enter text.  **Date:** Click or tap to enter a date. | **Print name:** Click here to enter text.  **Date:** Click or tap to enter a date. |