



## PERMIT TO CONDUCT RADIOGRAPHY

### **INSTRUCTIONS FOR COMPLETING THE PERMIT**

Radiography sources of high energy and activity are used by contracted companies to estimate concrete thickness and imbedded piping prior to drilling in University buildings. The purpose of the internal radiography permit system is to identify the potential for exposure to radiation of staff and students, to ensure that appropriate safety measures are considered, to ensure that resultant doses are ALARA, and to ensure that staff and students are aware of the safe procedures to follow during such testing.

Furthermore, the internal permit system ensures that the radiography user and source are licenced or otherwise approved by the regulatory authorities.

This permit is valid only for the locations and time periods specified on the permit. This permit must be posted outside the space in which the radiography source is situated while the work is being conducted. If further testing is required outside the specified and approved time periods, a second permit for radiography must be requested and approval given.

Permits will be available from the University Radiation Safety Officer. The work must be authorized and approved by the Construction Project Manager or Building Property Manager. Following authorization by the project or property manager, the permit application must be signed by the radiographer and approved by the Radiation Safety Officer. All relevant documentation must be provided and attached to the permit. Copies of the permit must be kept on file for three years.

Any questions with respect to the radiography permit system or radiation safety should be directed to the University Radiation Safety Officer.

Outside working hours, the Radiation Safety Officer can be contacted through Campus Security at 905.721.8668 ext. 2400.



## PERMIT TO CONDUCT RADIOGRAPHY

This permit certifies that the radiography work has been reviewed and approved by the University Radiation Safety Officer and that appropriate precautions have been put in place to ensure the safety of staff and students.

This permit is valid ONLY for the locations and times specified on the permit.

Any questions with respect to radiation safety should be directed to the University Radiation Safety Officer.

### TO BE COMPLETED BY THE UNIVERSITY PROJECT MANAGER

**Project Identifier:** \_\_\_\_\_

**Company performing Radiography:** \_\_\_\_\_

**Locations to be tested:**

**Building:** \_\_\_\_\_

**Rooms:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Relevant Staff and School/Faculty have been notified:** YES NO

**Relevant Areas of Potential Exposure will be Closed:** YES NO

**Relevant Areas of Potential Exposure will be Marked:** YES NO  
(attach a copy of the warning sign)

**Authorized by:** \_\_\_\_\_  
(Print name of project manager)

\_\_\_\_\_  
(Signature of project manager)

**Contact Telephone Number:** \_\_\_\_\_



# PERMIT TO CONDUCT RADIOGRAPHY

## TO BE COMPLETED BY THE RADIOGRAPHER

CNSC License Number: \_\_\_\_\_ (attach a copy of the license)

Radioactive Source: \_\_\_\_\_ Activity: \_\_\_\_\_

Collimated:            YES    NO

Direction of Beam:            UPWARDS    DOWNWARDS    OTHER

If "OTHER" Identify: \_\_\_\_\_

Area (Rooms) of Potential Exposure: \_\_\_\_\_

Relevant Areas of Potential Exposure will be marked with warning signs: YES NO  
(attach a copy of warning signs to be posted)

I have reviewed all information provided above and certify that it is correct:

Certified by:

Radiographer: \_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

## TO BE COMPLETED BY THE RADIATION SAFETY OFFICER

Authorized by: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

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

Please Print form by clicking on the button below for authorization signatures and return to Project Manager or Radiation Safety Officer