

RADIATION PERMIT APPLICATION



Western Human Resources Occupational Health & Safety

Please complete the information and send to:

Radiation Safety Officer

Human Resources

Health, Safety and Well-being

Room 4159, Support Services Building

Please email RadSafety@uwo.ca or call ext. 84821, if you have any questions.

Applicant

Name (First and Last): _____

Department: _____

Faculty: _____

Office: _____ Building: _____

Email: _____ Staff ID: _____

Work Phone: _____ Cell: _____

Home Phone: _____ Fax: _____

Radiation Safety Training and Radiation Work Experience

1. Radiation safety training at Western: Yes or No (circle one)
2. Last date of radiation safety training at Western: _____
3. Attach a description of previous radiation safety training courses (date and location), radiation work experience, and a list of publications related to the use of nuclear substances, radiation devices and class II prescribed equipment.

Nuclear Substance, Radiation Device and Class II Prescribed Equipment Information

| Nuclear Substance | Chemical Form | Maximum Possession Limit (mCi or MBq) | Maximum Order of Each Source/Vial (mCi or MBq) | Physical Form | Purpose | Make and Model of Radiation Device (if applicable) |
|-------------------|---------------|---------------------------------------|--|---------------|---------|--|
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Experimental Protocol

Describe in detail your experimental procedure for each nuclear substance, radiation device and class II prescribed equipment and emphasize the aspects that pertain to safety issues, describe any special hazards, and include the following:

1. Brief description of purpose or objectives
2. Brief description of materials (indicate the types of equipment needed)
3. Brief description of methodology
4. Quantity of radioactivity used per experiment and the frequency
5. Names of personnel to handle this isotope
6. Laboratory(ies) where this procedure will be performed
7. Provide a waste disposal flow chart indicating approx. activities (mCi or MBq) for each type of waste (solid, liquid, liquid scintillation vials, etc.): Describe the types of waste that will be generated from each experimental protocol. Identify the volumes and activity amounts.
8. Will you be using animals? Y N
9. Will you be receiving any nuclear substance that is not purchased directly from a commercial company? (e.g. borrowing/sharing from another permit holder, LHSC-UH)

Yes No If yes, please explain

Locations of nuclear substances, radiation devices and class II prescribed equipment

| Building | Room Number | Phone | Nuclear substance to be used or in the radiation device | Classification (to be determined by Radiation Safety Coordinator) |
|----------|-------------|-------|---|--|
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Diagram of Room

For each of the above named locations, on a separate sheet, provide a diagram or floor plan as follows:

1. Include fume hood, waste storage area, radioactive-use sink, work stations, stock vial storage (fig, freezer, storage cupboard) student or staff work/study area, scintillation counter, personal hygiene sink, solvent storage area, biological containment cabinet, centrifuge, etc.
2. Identify where each radioactive work station is located.
3. Identify where contamination monitoring locations are performed (both radioactive work area and non-radioactive work area)
4. Describe the storage facilities, security and access control including lockable storage fridge, cupboard or box of nuclear substances that will be stored and used.

Personal Protective Equipment

1. Laboratory Coat-required
2. Disposable gloves- required
3. Safety glasses/goggles - required
4. Shielding (indicate thickness and type): _____
5. Remote handling tools (specify) _____

RADIATION DETECTION INSTRUMENTS

(1) Portable Radiation Survey Instrument

Note: if you are sharing an instrument with someone else, or from your department, the following information may already be documented. Complete the serial number and owner only. Please complete multiples of this section if you use/own more than one portable survey instrument.

Meter

Manufacturer: _____ Model Number: _____

Serial Number: _____ Storage Location: _____

Owner: _____ Custodian: _____

Western ID Tag # _____

Probe

Type: _____ e.g. pancake Geiger-Mueller probe, NaI probe

Manufacturer: _____

Probe Model: _____ Serial Number: _____

Check Source (if applicable): Isotope: _____

Activity: _____ Date of Activity _____

Service Record

Purchased Date: _____

Last Calibration Date: _____

Last Service Date: _____

(2) Non-portable Counter (Liquid Scintillation, Sodium Iodide, etc.)

Note: if you are sharing an instrument with someone else, or from your Department, the following information may already be documented. Complete the Serial Number and Owner only. Please complete multiples of this section if you use/own more than one counter.

Type: Alpha Beta Gama Western ID Tag # _____

Manufacturer: _____ Model Number: _____

Serial Number: _____ Room Location: _____

Owner: _____ Custodian: _____

Sealed Source(s) – Internal

| Nuclear Substance | Activity (mCi or MBq) | Date of Activity |
|-------------------|-----------------------|------------------|
| | | |
| | | |

Sealed Source(s) – External

| Nuclear Substance | Activity (mCi or MBq) | Date of Activity |
|-------------------|-----------------------|------------------|
| | | |
| | | |

Service Record

Purchase Date: _____

Purchase Cost: _____

Last Calibration Date: _____

Next Calibration Date: _____

Is there a service contract for this instrument? Yes No

Name of servicing company _____

Is the servicing company licensed by the CNSC? Yes No

