

**RADIATION PERMIT APPLICATION**

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**Meter**

Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Probe**

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

Manufacturer: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Personnel

Identify the names of all persons who will handle or use nuclear substances, radiation devices or class II prescribed equipment in your radiation permit

Name	Email	Nuclear substance, radiation device and class II prescribed equipment to be handled or used	Last date of Western Radiation Safety Training
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Attendance of the Western radiation safety training is mandatory before any of the above named persons is authorized as a worker in your radiation permit. Personal dosimeter(s) including TLD badge(s) will be issued (if required) after radiation safety training is complete.

The applicant certifies that all submitted information is true and correct to the best of her/his knowledge. The applicant accepts

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