

**The University of Western Ontario  
Radiation Safety Awareness Record**

**Permit Holder** \_\_\_\_\_ **Permit #** \_\_\_\_\_ **Building** \_\_\_\_\_

<b>Name</b>	<b>Employer or Institution</b>	<b>Supervisor</b>	<b>Work or Home Address</b>	<b>Work or Home Phone Number</b>	<b>Date</b>	<b>Attendee's Signature</b>