WESTERN OCCUPATIONAL HEALTH AND SAFETY NON-MEDICAL X-RAY PERMIT APPLICATION



Applicant (Person in Charge): Position: Office Telephone: Home Telephone: E-mail:		Contact Person:			
		Facility Telephone:			
					Department:Building:
		person (Use separate paper if necessar	y):	ray safety training date of the Applicant and/	
		List of X-ray Worker(s) using the X- 1. Name			Tel:
2. Name					
		e-mail:			
4. Name		e-mail:			
☐ Replacement of old sources X-Ray Equipment General Informa Room # Manufacturer Type M		☐ Acquisition of existing facility f			
Note: Contact Person will be responsible for X-ray Worker(s) shall wear Personal before operating the X-ray equipment	Dosimeters (where applicable) a	e Person in Charge is not available. and receive specific hands-on training from the F	Person in Charge		
Signed: Applicant	Date	Signed: Department Chair	Date		
Signed: Health and Safety Consultant	Date	Signed: Radiation Safety Committee Chair	Date		
Please complete the necessary infor Radiation Safety (RadSafety@uwo.		being, Room 4159, Support Services Building	;		
Not used on human being					