

## APPLICATION for RADIATION USER PERMIT

1. Applicant \_\_\_\_\_
2. Position \_\_\_\_\_
3. Department \_\_\_\_\_ Phone # \_\_\_\_\_
4. List all rooms and buildings where radionuclides are to be used or stored:  
\_\_\_\_\_
5. List radionuclides required (open and sealed sources): **Complete Schedule A**
6. Suppliers: \_\_\_\_\_
7. Rate of delivery: \_\_\_\_\_
8. Total activity of each radionuclide required for one year: \_\_\_\_\_
9. Physical and chemical form: \_\_\_\_\_
10. Primary use of radionuclides: (attach diagrams, sketches, etc.) \_\_\_\_\_
11. List survey meters available for radiation survey or contamination monitoring: \_\_\_\_\_
12. List counting equipment available for periodic wipe tests of weak Beta emitters indicating manufacturer, model number and location: \_\_\_\_\_
13. Provide list of all Radiation Users under your supervision: **Complete Schedule B**
14. Name of qualified person who will assume responsibility for your Permit during any leave you may take:  
\_\_\_\_\_

Name	Position	Department
15. Your University department has agreed to take responsibility for the disposal of all radionuclides and the decommissioning of radiation laboratories upon termination of the Permit: Yes \_\_\_\_\_ No \_\_\_\_\_

The applicant warrants the statements contained herein and agrees that the radionuclide supplied against this application shall only be used for this purpose and in the manner authorized by the University of New Brunswick Radiation Safety Committee.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature \_\_\_\_\_

### Approvals

\_\_\_\_\_  
Radiation Safety Officer

\_\_\_\_\_  
Chairman, Radiation Safety Committee

Application No. \_\_\_\_\_

Date Permit Issued \_\_\_\_\_

**Complete and return to the Safety Office.**

## List of Radionuclides - Possession Limits

(a) **Unsealed Sources:**

List maximum activity expected to be in your possession, at any given time, for each radionuclide, including amount in storage and as radioactive waste awaiting disposal.

Radionuclide

Activity (Bq. or Ci.)

(b) **Sealed Sources:**

List individual sealed sources (radionuclides sealed in a permanent sturdy metal or plastic capsule) and their activities (attach separate sheet if necessary).

Radionuclide

Activity (Bq. or Ci.)

(c) **Radiation Devices:**

List individual sealed sources incorporated into devices (attach a separate sheet if necessary).

Radionuclide

Manufacturer

Model No.

S/N

Assay Date

Activity (Bq. or Ci.)

RUP Holder: \_\_\_\_\_  
 RUP Number : \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Date: \_\_\_\_\_

## LIST OF USERS OF NUCLEAR SUBSTANCES & RADIATION DEVICES

The Permit Holder shall be responsible for the safe use of nuclear substances and radiation-emitting devices by all workers under his/her supervision.

**This form must be submitted to the Safety Office with Permit Application form and prior to new Radiation Users beginning work with radiation.**

Surname	Full Given Names	Position/Job Classification	Status * Regular User or NEW	No. Years Experience with Radiation	Completed UNB Training Seminar

Radiation Users are classified as “Members of the Public” to which a dose restriction of 1 mSv/yr. applies. “NEWs” are authorized Nuclear Energy Workers to which higher dose limits apply.