

Internal Radiation Permit Application

Concordia University Internal Radiation Permits (IRP) are required for all research and teaching activities involving open and/or sealed radiation sources, including radiation devices. For more information, contact the Radiation Safety Officer (RSO) or EHS at ext. 4877 or consult the following:

EHS website: <http://www.concordia.ca/campus-life/safety/lab-safety/radiation-safety.html>

Canadian Nuclear Safety Commission: <http://nuclearsafety.gc.ca/eng/>

Application Type	<input type="checkbox"/> New [*]	
	<input type="checkbox"/> Renewal [◇] No changes requested	IRP Number:
	<input type="checkbox"/> Amendment [†] Changes requested to: <input type="checkbox"/> A. Permit Holder Information <input type="checkbox"/> B. Open Sources <input type="checkbox"/> C. Sealed Sources <input type="checkbox"/> D. Radioactive Waste Disposal <input type="checkbox"/> E. Authorized Workers	IRP Number:

* For New applications, complete the entire form.

◇ For Renewal requests with **No Changes**, provide your current Internal Radiation Permit Number; sign section F.

† For Amendment requests, provide your current Internal Radiation Permit Number; specify the section(s) of the application to which you will be requesting changes; complete the appropriate section(s) of the application; sign section F. All amendment requests submitted within 6 months of the IRP expiration date will automatically be considered for renewal.

A. Permit Holder Information

Principal Investigator	
Department	
Email	
Office Phone	
Laboratory	

Contact Person or designate, if other than the Principal Investigator

Contact Person	
Department	
Email	
Office Phone	

List projects (titles) associated with this permit application:

B. Open Sources Required

Building	Room Number	Radioisotope(s)	Possession Limit (MBq)

Please specify details concerning the use of radioisotopes:

C. Sealed Sources Required

Building	Room Number	Radioisotope(s)	Type of Device*

** The type of device refers to the equipment or device in which the sealed source is located. Please provide the manufacturer's name and model number of the device. This also applies to shielding use such as depleted uranium.*

Please specify details concerning the use of sealed sources (or shielding):

D. Radioactive Waste Disposal

Radioactive waste containers are provided by EHS and can be obtained by contacting the RSO or EHS. Waste pick-up must co-ordinated with the RSO.

Please indicate the anticipated waste disposal requirements:

E. Authorized Workers

The following EHS safety trainings are required for all lab personnel in the Radiation Safety Program*:

WHMIS 1988 for Lab Personnel

WHMIS 2015

Hazardous Waste Disposal for Lab Personnel

**Radiation Safety for Open Source Users: Radiation Safety
 Laboratory Tool Pack**

**Radiation Safety for Sealed Source Users: Radiation Safety-Sealed Sources & X-Ray Devices
 TDG – Class 7[†]**

**for more information, see the radiation safety manual or contact the RSO*

†TDG – Class 7 is required training for anyone receiving, unpacking, packing, shipping, or transporting any nuclear substances or radiation devices. This includes field work using any nuclear substances or radiation devices.

EHS trainings are valid for a 3-year period starting the date the specific training was taken. On-line registration can be completed at: <http://www.concordia.ca/campus-life/safety/training.html#calendar>

Name	ID Number	EHS Trainings Completed						
		WHMIS 1988	WHMIS 2015	Haz Waste	Radiation Safety	Lab Tool Pack	Sealed Sources	TDG 7
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate the radiation monitoring procedures to be employed:

F. Required Signature

The applicant acknowledges to have read the Concordia University Radiation Safety Policy (VPS-46) and Radiation Safety Manual and warrants that the research using the above radioactive material or devices will be carried out under his/her supervision and shall only be used in accordance with the information provided within this permit application form.

 Permit Holder/Applicant Name

 Signature

 Date (DD/MM/YYYY)