

# Radiography Permit (S3)

PERMIT ISSUED TO :	
MANAGER NAME :	MOB NO :
EMAIL ADDRESS :	RECEIPT NO :
WORK LOCATION :	PERMIT NO :
OCCUPIER COMPANY NAME :	
VALIDITY DATE : FROM: TO:	WORK TIMINGS:
TYPE OF RADIONUCLIDE:	
SOURCE NUMBER :	
CONTAINER NUMBER:	
VEHICLE REGISTRATION #:	
TRAKHEES OFFICER NAME:	DATE:
SIGNATURE :	
<p><b>PRECAUTIONS:</b></p> <ol style="list-style-type: none"> <li>All radiography shall be carried out in designated zone only, safety barriers with radiation warning signs must be erected at the boundary of the work area and at all Entry/Exit points.</li> <li>Flashing lights must be used during operations.</li> <li>When establishing radiation boundaries, the dosage rate must be checked at any working levels above and below the area involved to ensure that radiation levels are not being exceeding at any time of operation.</li> <li>Unauthorized personnel are excluded from the restricted area. Public address system must be used to warn persons in the vicinity.</li> <li>If fire alarm sounds radiation work must stop at once.</li> <li>Radiation activity source to be handled only by authorized personnel wearing film badges.</li> <li>Radiation activity source to be placed in defined storage location when not in use.</li> <li>All administrative, medical and operational requirements governing the control, use and transportation of radioactive and use of X-ray equipment, shall be adhered as per International and Federal/Local Regulations in force.</li> </ol>	
<p><b>USER ACCEPTANCE:</b></p> <p>"I accept the conditions of permit as stated above and will inform all men carrying out the work for the precautions to be taken. A permit copy will be located at the work site.</p> <p>Signature of the Authorized person:_____</p>	
<p><b>WORK COMPLETION:</b></p> <p>The work has been Completed/Suspended. Radiation activity source container and equipment have been retrieved for safe storage. The area is clean and safe.</p> <p>Completed by:_____ Date:_____</p>	