



Application for Internal Permit for Acquisition and use of Radioactive Materials  
PLEASE PRINT or TYPE

**1. Permit Holder**

**Ship to address**

Name \_\_\_\_\_ Building Name \_\_\_\_\_

Position \_\_\_\_\_ Street Address \_\_\_\_\_

Department \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_ Office room # \_\_\_\_\_ Tel \_\_\_\_\_ Voice mail: Yes / No

Fax \_\_\_\_\_ Lab room # \_\_\_\_\_ Tel \_\_\_\_\_ Voice mail: Yes / No  
(Please circle appropriate answers)

**2. Personnel**

First Name/Family Name	Position	Radiation Safety Training Yes or No If Yes, Where & What Year	Work Load	
			Class	Principal Nuclide(s)
Example: John Doe	Graduate Student	If Yes, Where & What Year	2,3	H-3, C-14, P-32
Continue on separate sheet if necessary				

- Class 1. Workload < 10 MBq (270 uCi) of unsealed radioisotopes in open areas.
- Class 2. Workload < 10 MBq of unsealed radioisotopes in a fume hood.
- Class 3. Workload > 10 MBq of unsealed radioisotopes in open areas.
- Class 4. Workload > 10 MBq of unsealed radioisotopes in a fume hood.
- Class 5. Work with sealed sources (indicate activity).
- Class 6. Individual does not work with radioactive sources but normal working conditions involve presence in a room where radioactive material is used or stored. (Radiation safety training not required)



**3. Open (unsealed) radioisotopes**

List possession limits required for each radioisotope. For each column from 1 to 8, write the nuclide, immediately below insert the room number for storage and usage and then check one of the possession limits. For an example see table below.

**Note:** For each radioisotope, estimate the quantity (*activity*) you will possess in your laboratory at any given time. For radioisotope usage and storage, include other rooms beside laboratories, like tissue culture rooms, cold or hot rooms, centrifuge rooms, common lab facilities and liquid scintillation counting areas.

	Example	Nuclide							
		1	2	3	4	5	6	7	8
Nuclide Stored in Room No. Used in Room No.	H-3 B12 B14								
<b>Possession limits:</b>									
< 400kBq (11 uCi)									
<1 MBq (27 uCi)									
< 4 MBq (108 uCi)									
< 10 MBq (270 uCi)									
< 40 MBq (1.1 mCi)	√								
< 100 MBq (2.7 mCi)									
< 400 MBq (11 mCi)									
< 1 GBq (27 mCi)									
< 4 GBq (108 mCi)									
> 4GBq (Specify)									

**4. State briefly the intended use(s) of radioisotopes listed in (3).**

---



---



---



---

**5. Sealed sources permanently housed in equipment**

Nuclide	Type of Equipment	Model or Serial no.	Manufacturer	Activity (Specify unit) And date	Location of equipment (room no.)
---------	-------------------	---------------------	--------------	----------------------------------	----------------------------------



**6. Accessible sealed sources**

Nuclide	Physical form	Supplier	Activity in MBq and date	Stored in Room no.	Used in Room no.
---------	---------------	----------	-----------------------------	-----------------------	---------------------

**7. State briefly the intended uses of sealed sources listed in (5) and (6).  
Note: In many cases "Calibration of equipment" is sufficient.**

---



---



---



---

**8. Does your lab possess any field survey monitoring instruments?  
If yes, please specify (example: Geiger counter, cutie pie, etc.) and provide model and serial numbers.**

---



---



---



---

**9. Do you use TLD (Thermoluminescent Dosimetry Radiation) badges issued by Health Canada, Bureau of Radiation and Medical Devices?**

What type of TLD dosimeter do you use? (Check any box that applies)

whole body dosimeter



extremity ring dosimeter

If so, indicate your group code number:

\_\_\_\_\_ For whole body dosimeter

\_\_\_\_\_ For ring dosimeter

If you do not have access to this information, please consult your department. Or else, contact the McGill Radiation Safety Officer at 398-2245 for help.

**This is to certify that the information provided is, to the best of my knowledge, accurate and complete. As Permit Holder I agree to work in accordance with the conditions specified on the internal permit and the procedures and policies specified in the McGill Radiation Safety Manual. I also agree to assume responsibility for ensuring that the personal I have listed in this application have received certification in radiation safety training and for informing them of their obligations to respect these permit conditions and radiation safety policies and procedures.**

Signature of Permit Holder \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use:**

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete and forward to:**

Mario Badillo  
Environmental Health & Safety Office  
3610 McTavish Street, 4<sup>th</sup> Floor  
Montreal, H3A 1Y2  
Fax: (514) 398-8047

*If you require assistance in completing this form, please call David Swan at 398-1571 or François Gouin at 398-8521. Thank you for your cooperation.*