Radioisotope Permit Application

Queen's University Radiation Protection Program

1. **Name:** _____
2. **Department:** _____
3. **E-mail address:** _____
4. **Building:** _____
5. **Office room number:** _____ **6. Office telephone number:** _____
7. **Emergency telephone number:** _____
8. **Laboratory room(s) number(s):** _____
9. **University position:** _____
10. **Queen's Personal number:** _____
11. **Radioisotope work experience:** (In detail)

12. **Open sources required:**

Radioisotope	Open source delivery rate

(Provide max amount to be ordered, frequency of orders and max amount to be on hand at any given time)

13. **Sealed sources required:**

Radioisotope	Activity	Device where it will be used

14. Experimental Procedures: ☐ In Vitro ☐ In Vivo **(non-human)**

15. Additional information:

a) Can aerosols or gases be produced? ☐ No ☐ Yes (specify)

b) Are biological material used in the same experiment? ☐ No ☐ Yes (specify)

c) Are dangerous chemicals used in the same experiment? ☐ No ☐ Yes (specify)

I agree to abide by the Canadian Nuclear Safety Act and regulations
http://cnsc-ccsn.gc.ca/eng/acts-and-regulations/regulations/index.cfm
and by the Queen's University radiation policies and procedures
https://www.queensu.ca/risk/sites/rsswww/files/uploaded_files/EHS/SOPs/Radiation/Queen's%20Radiation%20Safety%20Manual%20November%2024%202022.pdf

Applicant's Signature: _____

Date: _____

Department Signature: _____

(Chair/Head of Department)

_____

(Printed name)

Please email completed application to:

Jamie.Coad@queensu.ca

safety@queensu.ca