

RADIATION WORK PERMIT
APPLIES ONLY TO THE AREA SPECIFIED BELOW

Permit File No.: _____

DATE: _____ TIME: _____

RWP EXPIRES: _____

WORK DESCRIPTION: _____

GAUGE INFORMATION

GAUGE LOCATION (old): _____ GAUGE SERIAL NO.: _____

GAUGE LOCATION (new): _____ SOURCE ACTIVITY: _____

GAUGE MANUFACTURER: _____ GAUGE MODEL NO. _____

USERS INVOLVED IN WORK: _____

PRECAUTIONS

1. SHUTTER CLOSED AND LOCKED BY AN AUTHORIZED USER (AU)

2. AREA SURVEYED WITH A CALIBRATED METER: _____ MODEL & S/N of METER _____
 CALIBRATION DATE _____

MAXIMUM FIELD MEASURED AT GAUGE SURFACE _____ mR/hr

MAXIMUM FIELD MEASURED 1 FOOT _____ mR/hr

3. CALCULATE EXPOSURE LIMITS (to maintain hourly dose to < 2mrem):

[60 min/hr] / $\left[\frac{\text{Maximum Field Measured at Gauge Surface (_____) mR/hr}}{2\text{mR}} \right] = \text{_____ min}$

[60 min/hr] / $\left[\frac{\text{Maximum Field Measured at 1 Foot Distance (_____) mR/hr}}{2\text{mR}} \right] = \text{_____ min}$

(example: if a gauge measures 12 mR/hr at surface and 1 mR/hr at 1 ft distance, contact with the gauge must be limited to 10 min/hr. There would be no limit for work 1 foot or greater from the gauge.)

4. PERSONNEL ADVISED THAT GAUGE IS VERY HEAVY AND NECESSARY TOOLS ARE AVAILABLE

5. SAFE JOB PROCEDURES AND EXPOSURE LIMITS MUST BE DISCUSSED WITH ALL PERSONNEL INVOLVED WITH THE WORK

6. GAUGE REMOVED IS TO BE STAGED IN A SECURE LOCATION PENDING REINSTALLTION.
 STAGING LOCATION: _____

7. STORAGE OR STAGING AREA HOLDING GAUGE IS POSTED WITH VISIBLE RADIATION HAZARD SIGNS

8. GAUGES IN STORAGE HAVE SHUTTERS CLOSED AND LOCKED AND PERIMETER OF STORAGE AREA SURVEYED TO ASSURE < 2mR/hour

SIGNATURE (only if source placed in storage)

ADVANCED AUTHORIZED USER: _____ DATE: _____

FINAL ACTION

UNLOCK THE SHUTTER AND RETURN THE GAUGE TO SERVICE

NEW OR RELOCATED GAUGE IS SURVEYED UPON INSTALLATION*
 *Max. Field Measured @ Gauge Surface (_____) mR/hr
 *Max. Field Measured @ 1 Foot Distance (_____) mR/hr

RADIATION CAUTION SIGNS POSTED AT 2 mR/HOUR LEVEL

THIS GAUGE IS READY FOR SERVICE.

FORWARD COMPLETED FORM TO FACILITY RSO TO RECORD EMPLOYEE DOSES IN SITE LOG

ADVANCED AUTHORIZED USER: _____ DATE: _____

RSO's Approval Signature: _____ DATE: _____

DOSE REPORT (To Be Calculated By RSO only)

Personnel	Task	Fraction of hour in 6 minute increments for each task	X	Exposure rate in mR/hr at surface	PLUS	Fraction of hour in 6 minute increments for each task	X	Exposure rate in mR/hr at one foot	EQUALS	Total dose (in mrem) for RWP