



OBLIGATIONS and INSTRUCTIONS:

- a. All persons planning to use X-ray Equipment for research purposes at locations controlled by the University of Manitoba are required to apply and obtain an approved Internal X-ray Permit.
b. Complete answers to the following questions are required to assess your application and implement appropriate safety procedures. Attach additional pages if required.
c. All X-ray equipment must be registered with the Radiation Protection Department, Cancer Care Manitoba. To register X-ray Equipment used at the University use the University of Manitoba version of the form that is on the EHS X-ray Safety forms page and attached to this application.
d. Return completed application to: Radiation Safety, Environmental Health and Safety, P310 Pathology Building, University of Manitoba, Winnipeg, Manitoba R3E 0W3
e. May be faxed to (204) 789-3906 or scan and email to radsafety@umanitoba.ca - hard copy to follow!
Phone: (204) 789-3654 or 789-3359 if you have questions

Is this an application for: Renewal of existing Permit OR New Internal X-ray Permit
Current or previously assigned Permit Number(s):
When do you anticipate requiring an approved Internal X-ray Permit?
January 1, 2018 OR new permit requested to be effective (Allow up to four weeks for processing)

1.Applicant/Responsible User (faculty member): Personnel Registration and Consent Form (PRCF) completed and attached
\*If you are renewing your permit – EHS will have the PRCF on file.

Name: Department:

2.Laboratory Radiation Supervisor (LRS): All permits must have an LRS. Permit Holder will be LRS
OR Personnel Registration and Consent Form for LRS is completed and attached
\*If you are renewing your permit with the same LRS – EHS will have the PRCF on file.

Name: Department:

3.Designated Worker(s): List all personnel who, in addition to the LRS, may be working with the X-ray equipment. To use analytical X-ray equipment interlocked by the manufacturer, personnel supervised by the LRS or a designated worker do not have to be registered or listed on the permit under the condition that annual X-ray leakage tests are performed.

Personnel Registration and Consent Form for each person completed and attached
\*If you are renewing your permit with the same workers – EHS will have the PRCF on file.

Attach additional sheets if required.

Table with 5 rows and 2 columns: Name, Department

**4. X-ray Equipment:** List all research X-ray equipment you will be using for this permit. See section “Obligations and Instructions” for required documentation.

Device type (X-ray spectrometer, X-ray Fluoroscope, Diffractometer, DEXA full body, other...)	Cancer Care ID # (gold sticker) (if available)	University of Manitoba ID # (yellow sticker) (If available)	Radiation Protection, Manitoba Health (RPMH) registration form attached

*Attach additional sheets if required.*

**5. ALL locations** (Room & Building) where radioactive materials will be stored, used and/or manipulated:

Locations indicated on the Radiation Protection Department, Cancer Care Manitoba registration sheet. This is the only place where the X-ray equipment can be used:
Additional locations not indicated on the Radiation Protection Department, Cancer Care Manitoba registration sheet, i.e. storage location:

**6. Intended Use:**

- Open Beam X-ray used on human subjects – operated under research protocol
- Analytical Open Beam X-ray equipment not used on human subjects
- Fluoroscope not used on human subjects
- Analytical X-ray equipment, interlocked by the Manufacturer
- Analytical X-ray equipment interlocked by the researcher

Provide additional Information pertinent to assist with a risk assessment:  
i.e. workload for the open beam X-ray equipment, layout or a map

**7. Radiation Detection Equipment:** (List all instruments that you have and any you might use (yours or borrowed).

**a) Liquid Scintillation, Gamma and Well Counters**

**b) Portable Contamination Meters**

Make & Model of meter	Make & Model of probe (s)	Location (Room & Building)	Ownership	EHS Use only - Calibrations Check Source		
				Radioisotope	Activity, Date	Serial #

### Declarations

I, the nominated Laboratory Radiation Supervisor (LRS), accept the responsibilities to act as the designate of the applicant in accordance with the University of Manitoba, Radiation Safety Manual, RSP-2, Section 6.2.

Date: \_\_\_\_\_ Signature of nominated LRS: \_\_\_\_\_

I, the Applicant, warrant the statements contained herein to be true and agree that the X-ray Equipment listed in this application shall be used for the purpose and in the manner authorized by the University of Manitoba Radiation Protection Committee. I hereby agree to comply with the rules and procedures outlined in the University of Manitoba "Radiation Safety Manual".

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Department Head Approval for space:** I, the supervisor of the Applicant, approve of the applied for activities including the use of the locations listed in Section 4) and I am aware that the cancellation of the Applicant's Internal X-ray Permit requires the completion of a ***X-ray Permit Decommissioning Form*** and decommissioning of these areas.

Department: \_\_\_\_\_ Name of Department Head: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Department Head: \_\_\_\_\_

#### Related notes:

Requests for amendment of the information contained in this application should be submitted in writing to EHS for subsequent approval by the Radiation Protection Committee.

Records required as outlined within the conditions listed on the Internal X-ray Permit and the Internal X-ray Permit itself are the property of the University of Manitoba and must be returned to Environmental Health and Safety upon request.

If the Permit Holder wishes to cancel a permit they are required to indicate such intent to Environmental Health and Safety as soon as possible, and submit a completed "X-ray Permit Decommissioning Form".