



Name (First Middle <u>Last</u>) <i>Underline last name please:</i>			
Please indicate any other name that you may have previously used with EHS (ie. married/maiden, name change):			
University of Manitoba Staff Number (if you have one):		Job Title:	
Department:		Your location	Room # and Building:
Lab Phone Number:	Office Phone Number:	Email:	
24 hour contact information is required is you are a Permit Holders and/ or Laboratory Radiation Supervisor (LRS) →		Home phone #:	Cell #:
Have you worn a TLD Badge before? (If yes, please indicate where you lived when it was worn) In Canada only <input type="checkbox"/> If outside Canada, please indicate the country: _____			Y N
Experience:	Number of years you have worked with X-ray equipment:		
Training:	Indicate the date you completed the University of Manitoba X-ray Equipment Safety Orientation - You will need to file a copy of Certificate of Completion behind the last tab in your Radiation Safety Manual: Have you completed the X-ray Equipment Self Study Assignment and will send it with this form to EHS at the address below? Indicate the date you completed your <i>site-specific X-ray Safety Training</i> . A copy of your lab's Safe Work Procedure. A copy, including the date you reviewed it should be filed behind the last tab in your Radiation Safety Manual:		EHS Only: Date Trained: Verified:
List any other formal X-ray safety training course(s) you have received (include who provided the training , date, length):			
CONSENT: I hereby agree to work in a responsible and reasonable manner, in accordance with the University policies and procedures, as outlined in the University of Manitoba Radiation Safety Manual. I agree to be designated by the University of Manitoba as a (check all that apply): Permit Holder <input type="checkbox"/> , Laboratory Radiation Supervisor <input type="checkbox"/> , and/or Designated Worker <input type="checkbox"/>			
Signed this date by (Signature of Registrant):		Date:	
Nomination to amend an <u>existing</u> permit: As the Permit Holder, I request that the person above be added to my permit(s) listed below.			
Permit Holder:		Permit Number(s):	
Signature:		Date:	

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University:

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University to enroll you into Radiation Safety Training and to document that you are permitted to use radioactive material as indicated on an Internal Radioisotope Permit. Additionally, if you are a Permit Holder or LRS, the 24 hour contact will be used in emergency situations. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba .

Fax completed form along with your completed X-ray Equipment Self Study Assignment to 204 789-3906 or scan and email to radsafety@umanitoba.ca.

Mail original to: Radiation Safety, Environmental Health and Safety, P310 Pathology Building.