



Use this form to be added to an Internal Radioisotope Permit - Sealed Source

Send with completed **Sealed Source Self Study Assignment** and **Sealed Source Lab Assignment**

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:		<b>Your location</b>	Room # and Building:
Lab Phone Number:	Office Phone Number:	Email:	
<b>24 hour contact information is required is you are a Permit Holders and/ or Laboratory Radiation Supervisor (LRS) →</b>		Home phone #:	Cell #:
Have you worn a TLD Badge before? (If yes, please indicate where you lived when it was worn)			Y <input type="checkbox"/> N <input type="checkbox"/>
In Canada only <input type="checkbox"/>			
If outside Canada, please indicate the country:			
<b>Experience:</b>	Number of years you have worked with radioactive nuclear substances:	List the radioisotope(s) and procedure(s) performed:	
<b>Training:</b>	Indicate the date you completed the University of Manitoba Radiation Safety Training course (if not known we can add this from our database):	EHS Only: Date Trained: Verified:	
List any other formal radiation safety training course(s) you have received (include who provided the training , date, length):			
<p><b>CONSENT:</b> 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. <b>I am aware that the Canadian Nuclear Safety Commission has the authority to fine me personally if I do not comply with the University Radiation Safety Manual (the fines start at \$300).</b> I agree to be designated by the University of Manitoba as a (check all that apply):</p> <p>Permit Holder <input type="checkbox"/></p> <p>Laboratory Radiation Supervisor, <b>including 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.</b> <input type="checkbox"/></p> <p>and/or Designated Worker <input type="checkbox"/></p> <p>Signed this date by (Signature of Registrant): _____ Date: _____</p>			
<p><b>Nomination to amend an <u>existing</u> permit:</b> As the Permit Holder, I request that the person above be added to my permit(s) listed below.</p> <p><b>Permit Holder:</b> _____ <b>Permit Number(s):</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>			

**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 to 204 789-3906 or scan and email to [radsafety@umanitoba.ca](mailto:radsafety@umanitoba.ca).

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