

AP-012-01 - Radiation Work Permit

RADIATION WORK PERMIT			
Job Supervisor: Al Craig/Mike Plonski		Date: 2/23/2017	RWP #: 10-1007.00-1
Location of Work: Former UNC Manufacturing Facility, New Haven, CT			
Description of Work: Handling of radioactive sources for instrument quality/daily checks, smear counting, and soil/soil-like material sample processing/packaging. Use of Cabrera radioactive sources will only be by or under direct supervision of Cabrera HP personnel.			
SUMMARY OF RADIOLOGICAL CONDITIONS			
LOCATION	CONTAMINATION LEVELS	RADIATION LEVELS	AIRBORNE CONCENTRATIONS
Project Instrument Laboratory	$< 1,000 \alpha / 1,000 \beta\text{-}\gamma$ Removable $< 5,000 \alpha / 5,000 \beta\text{-}\gamma$ Total	$< 10 \mu\text{Rem/hr}$ Area above background $< 500 \mu\text{Rem/hr}$ contact	N/A
REQUIRED RADIOLOGICAL CONTROLS			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Coveralls</div> <div style="width: 33%;"><input type="checkbox"/> Glove Liners</div> <div style="width: 33%;"><input type="checkbox"/> BZ/Lapel Air Sampler</div> <div style="width: 33%;"><input type="checkbox"/> Hood</div> <div style="width: 33%;"><input type="checkbox"/> Plastic Shoe Covers</div> <div style="width: 33%;"><input type="checkbox"/> Lab Coat</div> <div style="width: 33%;"><input type="checkbox"/> Surgeon's Cap</div> <div style="width: 33%;"><input type="checkbox"/> Rubber Shoe Covers</div> <div style="width: 33%;"><input type="checkbox"/> Pre-Job Meeting</div> <div style="width: 33%;"><input type="checkbox"/> Surgeon's Gloves</div> <div style="width: 33%;"><input type="checkbox"/> Tape Gloves to Sleeves</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Continuous HP Coverage</div> <div style="width: 33%;"><input type="checkbox"/> Rubber Gloves</div> <div style="width: 33%;"><input type="checkbox"/> Plastic Suit</div> <div style="width: 33%;"><input type="checkbox"/> TLD/OSL</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Trained Radiation Worker(s)</div> <div style="width: 33%;"><input type="checkbox"/> Other</div> </div>			
Special Instructions: Level D PPE also requires work boots, hard hats, and safety glasses w/side shields.			
YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE RADIOLOGICAL CONDITIONS AND CONTROLS.			
NAME	SIGNATURE	NAME	SIGNATURE
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>_____ Approved by (print name)</div> <div>_____ Signature</div> <div>_____ Date</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>_____ Re-approved by (print name)</div> <div>_____ Signature</div> <div>_____ Date</div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____ RWP Terminated by (print name)</div> <div>_____ Signature</div> <div>_____ Date</div> </div>			

RADIATION WORK PERMIT ADDITION SHEET

NAME

SIGNATURE

NAME

SIGNATURE

Reviewed by (print name)

Signature

Date _____