

Radiological Work Permit Form

Permit Number:		RWP Number:	
Authorized User:		Location:	
Start Date:		Expiration Date:	
Work Description:			

PPE Requirements:			
Dosimetry Requirements:		Alarm Set Points	
		Dose	Dose Rate
Additional Requirements:			

Survey Requirements

	Type	Elevated Radiation Field	Low Radiation Field
Personnel:	Hands & Feet Frisk		
	Whole-body frisk		
Work Area:			
Equipment:			

Notification Requirements

Electronic Dose:	
Area Contamination Levels:	
Personnel Contamination Levels:	

Approvals

Radiation Safety Officer: _____ **Date:** _____

Authorized User: _____ **Date:** _____