

RADIATION WORK PERMIT **APPLIES ONLY TO THE AREA SPECIFIED BELOW**

Permit File No.: _____

DATE: _____ TIME: _____

RWP EXPIRES: _____

WORK DESCRIPTION: _____

WORK LOCATION: _____

DECONTAMINATION METHOD: _____

PPE REQUIRED: _____

☐ TRAINED SUPERVISOR(S): _____

☐ TRAINED WORKERS: _____

PRECAUTIONS

☐ 1. ORIENTATION TO WORKERS PROVIDED BY THE RSO

☐ 2. AREA SURVEYED WITH A CALIBRATED METER:

AUTHORIZED USER USING METER: _____

MODEL & S/N of METER _____

CALIBRATION DATE _____

MAXIMUM FIELD MEASURED AT ITEM SURFACE _____ uR/hr BKG _____ uR/hour

MAXIMUM FIELD MEASURED 1 FOOT _____ uR/hr

☐ 3. CALCULATE EXPOSURE LIMITS (to maintain hourly dose to < 2mrem):

[60 min/hr] / [$\frac{\text{Maximum Field Measured at Surface (_____) uR/hr}}{2mR}$] = _____ min

[60 min/hr] / [$\frac{\text{Maximum Field Measured at 1 Foot Distance (_____) uR/hr}}{2mR}$] = _____ min

there is no limit to work 60 min/hr. Also, there would be no limit for work 1 foot or greater from the item.)
 The only limitation of time would be if the radiation levels exceeded 2,000 uR/hour

☐ 4. PERSONNEL ADVISED THAT WORK MUST BE PERFORM IN A CONTROLLED (ROPED OFF) AREA ONLY

☐ 5. SAFE JOB PROCEDURES AND EXPOSURE LIMITS MUST BE DISCUSSED WITH ALL PERSONNEL INVOLVED WITH THE WORK

☐ 6. REMEDIATED ITEMS ARE TO BE STAGED IN A SECURE LOCATION PENDING SURVEY.
 STAGING LOCATION: _____

☐ 7. STORAGE OR STAGING AREA HOLDING RADIOACTIVELY CONTAMINATED ITEMS IS POSTED WITH VISIBLE RADIATION HAZARD SIGNS

☐ 8. PERIMETER OF STORAGE AREA SURVEYED TO ASSURE < 2,000 uR/hour

SIGNATURE (RWP initiated by a Advanced Authorized User - 40 HOUR)

ADVANCED AUTHORIZED USER: _____ DATE: _____

FINAL ACTION

☐ ALL ITEMS ARE SURVEYED AND RELEASABLE

☐ **MAXIMUM RADIATION LEVELS AT REMEDIATION SITE (POST WORK)**
 Max. Removable contamination in cpm _____ Fixed contamination _____
 Max. Radiation field measured at remediation area _____ (BKG) _____

☐ RADIATION CAUTION SIGNS POSTED AT 2,000 uR/HOUR LEVEL FOR REMAINING CONTAMINATED ITEMS

☐ PERSONNEL HAVE SATISFACTORILY REMOVED PPE AND SURVEYED

☐ FORWARD COMPLETED FORM TO RSO TO RECORD EMPLOYEE DOSES IN SITE LOG

ADVANCED AUTHORIZED USER: _____ DATE: _____

RSO's Approval Signature : _____ DATE: _____

DOSE REPORT (To Be Calculated By RSO only if no formal personnel monitoring program is being used)

Personnel	Task	Fraction of hour in 6 minute increments for each task	X	Exposure rate in uR/hr at surface	PLUS	Fraction of hour in 6 minute increments for each task	X	Exposure rate in uR/hr at one foot	EQUALS	Total dose (in urem) for RWP. Multiple X 1,000 to equal millirem