

**Radiation Work Permit**

<b>RWP No.</b>	<b>Location:</b>	
<b>Issue Date:</b>	<b>Expiration Date:</b>	<b>Personal Protective Equipment Required</b>
<b>Description of Job:</b> _____ _____ <b>Special Hazards :</b> _____ _____ <b>Monitoring Required:</b> Whole Body Dosimeter      Extremity Dosimeter Electronic Personal Dosimeter      Bioassay		Lab Coat Coverall Hood Shoe Covers Single/Double Gloves Goggles/Eye Protection Face Shield  Other:  _____ _____ _____
<b><u>General Instructions</u></b>		
1. Don appropriate PPE as required before start of work. 2. In case of injury or change of work conditions, stop work and immediately notify ORS. 3. Enter exposure and total time on RS-24a. 4. Complete survey maps unless noted below.		
<b>Special Instructions:</b> _____		
<b>Requested By:</b>		<b>Date:</b>
<b>Authorized User Approval:</b>		<b>Date:</b>
<b>Director of the RSEL Approval:</b>		<b>Date:</b>
<b>RSO Approval:</b>		<b>Date:</b>
<b>RWP Termination By:</b>		<b>Date:</b>
<b>RSO Review of Termination:</b>		<b>Date:</b>