

Radiation Work Permit

RWP No.	Location:	
Issue Date:	Expiration Date:	Personal Protective Equipment Required
Description of Job: _____ _____ Special Hazards : _____ _____ Monitoring Required: Whole Body Dosimeter Extremity Dosimeter Electronic Personal Dosimeter Bioassay		<input type="checkbox"/> Lab Coat <input type="checkbox"/> Coverall <input type="checkbox"/> Hood <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Single/Double Gloves <input type="checkbox"/> Goggles/Eye Protection <input type="checkbox"/> Face Shield <input type="checkbox"/> Other: _____ _____ _____ _____
<u>General Instructions</u>		
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.		
Special Instructions: _____		
Requested By:		Date:
Authorized User Approval:		Date:
Director of the RSEL Approval:		Date:
RSO Approval:		Date:
RWP Termination By:		Date:
RSO Review of Termination:		Date: