

RADIOLOGICAL WORK PERMIT



RWP #: _____
 Start Date: _____
 End Date: _____
 Revised End Date: _____

- Job Specific
 Standing /General

Shaded areas 1 through 8 to be completed by Requestor/Initiator

1. Initiator:	2. Life #:	3. Phone:	4. Bldg:
5. Job Location(s):			
6. Job Description (Attach sheets as needed):			
6a. Work Begins:		6b. Work Ends:	
7. Historical/Other Concerns:			
8. Signature of Initiator:			
9. Conditions that will void RWP:			
10. Job Review: <input type="checkbox"/> Pre-Job Review <input type="checkbox"/> Pre-Job Briefing <input type="checkbox"/> ALARA Review <input type="checkbox"/> Summary/Closeout <input type="checkbox"/> Other: <input type="checkbox"/> Not Applicable	11. Estimated Dose: Highest Individual: _____ mrem <input type="checkbox"/> Per Job <input type="checkbox"/> Per Entry Collective: _____ mrem <input type="checkbox"/> Per Job <input type="checkbox"/> Per Entry <input type="checkbox"/> Not Applicable	12. Attachments: <input type="checkbox"/> Radiological Survey Form <input type="checkbox"/> Technical Work Document <input type="checkbox"/> Other: <input type="checkbox"/> Not Applicable	13. Training Requirements: <input type="checkbox"/> Radiation Worker I (RWT 002) <input type="checkbox"/> Contamination (RWT 300, 300A) <input type="checkbox"/> Benchtop/Dispersibles (RWT 500) <input type="checkbox"/> Activation (RWT 200) <input type="checkbox"/> GERT <input type="checkbox"/> Other: <input type="checkbox"/> Not Applicable
14. Work Controls: <input type="checkbox"/> Facility Support Coverage <input type="checkbox"/> Intermittent <input type="checkbox"/> Continuous <input type="checkbox"/> Hold Points <input type="checkbox"/> Air Monitoring <input type="checkbox"/> Shielding <input type="checkbox"/> Other: <input type="checkbox"/> Not Applicable	15. Protective Equipment: <input type="checkbox"/> Gloves <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Booties <input type="checkbox"/> Coveralls <input type="checkbox"/> Head Cover <input type="checkbox"/> Red Trim Lab Coat <input type="checkbox"/> Respirator <input type="checkbox"/> Other: <input type="checkbox"/> Not Applicable	16. Dosimetry: <input type="checkbox"/> TLD <input type="checkbox"/> Self Reading Dosimeter <input type="checkbox"/> Pencil <input type="checkbox"/> Digital <input type="checkbox"/> Alarming Dosimeter <input type="checkbox"/> Finger Dosimetry <input type="checkbox"/> Not Applicable	17. Check Out Instructions: <input type="checkbox"/> Whole Body Count <input type="checkbox"/> Urine Sample for Bioassay <input type="checkbox"/> Contamination Check <input type="checkbox"/> Personnel <input type="checkbox"/> Equipment/Laboratory/Area <input type="checkbox"/> PCM <input type="checkbox"/> Equipment Return <input type="checkbox"/> Tools <input type="checkbox"/> Post Job Survey <input type="checkbox"/> Not Applicable
18. Special Instructions: (Including Facility Specific Training)			
19. Signatures Approvals:		Department	Life Number
Facility Support Representative:		RCD	
Other (Department Specific):			
20. Close-Out Signature (FS Representative):		RCD	