

# University of Guelph Human Resources Environmental Health and Safety

# X-RAY SAFETY MODULE

Prepared by

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Approved by the Radiation Safety Committee

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#### 1. Introduction:

X-ray devices are regulated based on their use (non-medical vs. medical), operating energies, and how the X-Rays are produced. X-ray sources operating at very high energies (above 1 MeV) are subject to licensing under the Canadian Nuclear Safety Act. However, the Canadian Nuclear Safety Commission does not regulate X-ray emitting devices. X-rays sources are normally under the jurisdiction of provincial governments. In Ontario, the use of X-Ray emitting devices not used on humans are governed by the Ontario Ministry of Labour (MOL) under O.Reg. 861 X-Ray Safety. Each X-Ray emitting device must be registered with the MOL prior to its use and the registration must be amended should the unit be moved, replaced, or disposed. Safety considerations for the use of X-Ray emitting devices used on humans are governed by the Ontario Ministry Health and Long-Term Care (MOHLTC) under the Healing Arts and Radiation Protection Act and regulations. Each X-Ray emitting device (human use) must be registered with the MOHLTC prior to its use and the registration must be amended should the unit be moved, replaced, or disposed.

- MOL: R.R.O 1990 Regulation 861
- MOHLTC: Healing Arts and Radiation Protection Act and regulation.

#### 1.1 Scope of this Module:

The scope of this manual is to define the X-Ray Safety Program for the use of X-Ray devices within the University of Guelph. The module outlines the regulatory and safety requirements during the course of registration, operational and decommissioning phase of an X-Ray device. Most X-ray devices at the University are either for veterinary or analytical (research) purposes.

The X-Ray safety program is managed by the Radiation Safety Officer(s) on behalf of the department of the Environmental Health and Safety. Please refer to Appendix A for X-Ray safety program's organizational chart.



#### 2. Roles and Responsibilities:

The following outlines the roles and responsibilities of the Radiation Safety Officer (RSO), Permit Holder and Operators during the lifecycle of an X-Ray device.

#### 2.1 Radiation Safety Officer:

The Radiation Safety Officer shall:

- 1. Act as the agent of the institution in respect to X-ray registration including verifying the shielding requirements, submitting the application to the Ministry and coordinating any amendments made to an existing, approved facility;
- 2. Establish, implement, and maintain a safety control and assessment program in conjunction with the Permit Holder, Operators and the Radiation Safety Committee;
- 3. Annually review and survey X-ray emitting devices and rooms as applicable for radiation leakage and if required take corrective measures;
- 4. Implement a personnel monitoring program and conduct a quarterly review of occupational radiation exposures;
- 5. Ensure radiation safety instruments are calibrated and serviced as required;
- 6. Approve the purchasing, use and disposal of X-ray emitting devices through the issuance of internal permits;
- 7. Provide appropriate radiation protection training is provided for all the users working with the X-ray emitting devices;
- 8. Maintain required records;
- 9. Ensure that each internal permit is amended when necessitated by changes to facilities, equipment, policies, procedures or personnel;
- 10. Investigate incidents or accidents involving X-rays and as applicable, report to the Ontario Ministry of Labour or Ministry of Health and Long Term Care.
- 11. Ensure X-Ray worker notification is provided in writing for all X-Ray workers.

#### 2.2 Permit Holder/Principal Investigator:

There must be at least one person designated for each X-Ray device as the permit holder/principal investigator to undertake responsibility for:

- 1. Ensuring that the equipment is maintained properly, functions correctly and that maintenance is performed by competent personnel;
- 2. Contacting the RSO prior to the purchase or disposal of an X-Ray device;
- 3. Ensuring that the equipment is used correctly and only by competent personnel;



- Establishing safe operating procedures for the equipment and ensuring that personnel are adequately instructed in them. Furthermore, ensure that the operators are compliant with these procedures;
- 5. Prescribing rules of radiation safety and ensuring that personnel are made aware of them;
- 6. Ensuring that the facility complies with all applicable regulatory requirements;
- 7. Establishing safe working conditions according to the recommendations of this safety module and the statutory requirements of federal or provincial legislation where applicable as well as University policies and procedures;
- 8. Carrying out routine checks of equipment and facility safety features;
- 9. Keeping records of radiation surveys, including summaries of corrective measures recommended or instituted;
- 10. Declaring which personnel are working with X-Rays and in consultation with the RSO designate them as X-Ray workers;
- 11. Organizing participation, where necessary, in a personnel radiation monitoring service.
- 12. Ensuring that all occupationally exposed persons wear personal dosimeters during radiological procedures or when occupational exposures are likely;
- 13. Reporting each known or suspected case of excessive or abnormal occupational exposure to the Radiation Safety Officer through the University incident reporting process;
- 14. Ensuring that all safety devices recommended by this module are in good condition (included but not limited to personal protective equipment, interlocks, signage and warning lights);
- 15. Ensuring that appropriate warning signs are properly located, and
- 16. Ensuring that all the operators (including Permit Holder) participate in the X-Ray safety training and refresher training as required.

#### 2.3 X-Ray Equipment Operators/Users:

#### All operators must:

- 1. Be aware of the radiation hazards associated with their work and of their duty to protect themselves and others;
- 2. Follow all the safety procedures implemented by the Radiation Safety Officer and the Permit holder;
- 3. Complete the required X-Ray safety training and the refresher training as required;
- 4. Have a thorough understanding of the safe working methods and special techniques;
- 5. A female operator should be encouraged to notify the Occupational Health and Wellness and or the RSO of her condition in writing if she believes herself pregnant. All pregnant X-Ray workers moved to an appropriately modified schedule with specified TLD or OSL monitors.



6. Perform annual inspections of the lead protective clothing and keep a record of the inspection.

#### 2.4 X-Ray Operators-in-Training:

All operators-in-training and personnel not experienced in the use of X-ray equipment must work only under the direct supervision of a qualified operator. Dose equivalent limits for students and operators-in-training should not be greater than the limits set for members of the public. (Please refer to <a href="Table-3">Table-3</a> in Section 3.1 for the dose limits).



#### 3. X-Ray Safety Program:

#### 3.1 ALARA

The ALARA Principle acronym for As Low As Reasonably Achievable is used in radiation protection for ensuring that every possible effort is used to keep radiation exposures far below the regulated dose limit. The University of Guelph is committed to the concept of maintaining doses ALARA and to take appropriate measures to reduce doses where practical considering socioeconomic factors, benefits to public health and current technologies available. The University is committed to maintaining radiation exposures from radiation emitting devices to students, faculty, staff and the general public to ALARA.

- 1. Each Permit Holder/Principal Investigator is expected to design, implement and maintain their internal procedures to reduce exposures of radiation to ALARA
  - 2. All personnel are expected to practice the ALARA principle in their work practices.

The annual dose limits as set by ICRP for all the X-Ray workers are specified in Table 3.

Table 3: X-Ray Worker Dose Limits:

	X-Ray Worker	Members of Public	
Whole Body	20 mSv**	1 mSv	
Head	150 mSv	15mSv	
Extremities	500 mSv	50mSv	
Skin	500 mSv	50mSv	
Lens of the Eye	20 mSv	5 mSv	
Pregnant Workers	4 mSv	1 mSv	
** NEWs are allowed up to 50 n	nSv in a year and total dose in	a five-year dosimetry period is 100 mSv. The	average
annual dose limit in the 5-year p	period is 20 mSv.		

#### 3.2. X-Ray Worker Designation:

At the University of Guelph, only trained workers are authorized to work with X-Ray sources. A person is informed of their X-Ray worker status only after they complete the appropriate X-Ray safety training. The following guidelines must be followed by the X-Ray workers:

- a) Participate in the X-Ray Safety Training conducted through the Environment Health & Safety Department and maintain the training status by completing the refresher training every 3 years.
  - b) Fill in and sign the X-Ray worker declaration form. (See Appendix B)
- c) Be able to demonstrate safe working techniques and understand the hazards and risks associated with electromagnetic radiation (X-Rays).
- d) Understand and demonstrate general and workplace specific safety procedures during the daily use of an X-ray device.



e) Provide EHS with all the necessary documentation for the issuance of a dosimeter.

The Radiation Safety Officer as per the Occupational Health and Safety Act and Ontario Regulation 861 (X-Ray Safety) will notify all X-Ray workers in writing of their status as X-Ray worker and maintain their written acknowledgment form.

#### 3.3 X-Ray training:

All X-Ray users (including the Principal Investigators) must participate in the University's Radiation Safety training course prior to handling or working with any X-Ray source. X-Ray users must participate in refresher training at least every 3 years. Passing the quiz with a mark of 75% or greater will suffice as having completed the refresher course. X-Ray user training is provided by the Environment Health & Safety Department at the University of Guelph.

Further to the X-Ray training, all X-Ray users must also complete the practical hands on training for the equipment that they would be working with. It is the responsibility of the Principal Investigator/Permit Holder to organize training and ensure no untrained individuals operate the device. All training records should be kept by the Principal Investigator/Permit Holder and will be audited during routine inspections conducted by the RSO.

#### 3.4 Ascertaining and Recording Dose to X-Ray workers:

Please refer to <u>sections 2.3.4 and 2.4.4.2</u> of the University of Guelph Radiation Safety Manual (RSM) for the policies and procedures on ascertaining and recording dose to X-Ray workers. Each X-Ray worker will be provided a TLD/OSL dosimeter and are required to wear it at all times while performing any X-Ray work. Furthermore, please refer to Appendix A8 of the Radiation Safety Manual to follow the correct procedures on how to wear a dosimeter. All workers wearing protective lead clothing should always wear the dosimeter inside of the protective lead clothing such that correct exposure is registered.

#### 3.5 Ascertaining and Recording Dose to Pregnant Workers:

Please refer to <u>sections 2.3.4 and 2.4.4</u> of the Radiation Safety Manual for the policy and procedure on ascertaining and recording dose to pregnant workers. The same policies and procedures would also apply to X-Ray workers. It should be noted that even though CNSC does not oversee the X-Ray safety program at the University these regulations are enforced by the Ministry of Labour via the Occupational Health and Safety Act "X-Ray Safety Regulation 861".

#### 3.6 Action Levels:

It should be noted that all the workers working with X-Ray will receive far less than the regulatory limits set in Table 3 - X-Ray worker dose limits. As per the University's commitment to maintain ALARA corrective actions will be taken at significantly lower exposure levels. As best practice, the action level for all X-Ray workers has been set at 2 mSv. Sections 2.3.5 and 2.4.5 (RSM), policies and procedures pertaining to action level will be applied for the X-Ray exposures as well. X-Ray workers who receive a dose equal to or above the action level will be notified in writing and appropriate actions will be taken to reduce exposure.



#### 4. Purchasing & Registering New X-Ray Devices:

All X-Ray devices used in any space at the University of Guelph should satisfy the following requirements:

- ➤ All new medical x-ray equipment and accessories sold or used in Canada (Veterinary, or Human use), must conform to requirements of the <u>Radiation Emitting Devices Act</u> and the <u>Food and Drugs Act</u>. The requirements are specified in the Radiation Emitting Devices Regulations and the Medical Devices promulgated under these two acts respectively.
- > It is the responsibility of the manufacturer or the distributor to conform to the applicable regulations.
- > Similarly, all new analytical x-ray equipment must also conform to the Radiation Emitting Devices regulations at the time of sale.
- Furthermore, the X-Ray device must be CSA or Ontario Hydro approved.

To ensure that the X-Ray devices satisfy the aforementioned conditions please contact the RSO before purchasing the device(s).

#### 4.1 X-Ray Registration:

Once the intended use of the proposed X-Ray device is identified, the device must be registered with the MOL or the MOHLTC. Most of the X-Ray devices in use at the university are for non-human use and as such they are registered with the Ministry of Labor. Please refer to Appendix E for X-Ray registration process flowchart for both mobile and fixed X-Rays.

To avoid delays, please ensure that the RSO is notified at least **eight weeks** prior to the desired first use of the device since the Ministry can take anywhere up to four to six weeks (in some cases more) to complete the registration process

#### 4.1.1 Registering for a Permanent Location:

The design of a typical X-Ray location used in Veterinary practice or analytical purposes must take into account the safety of the operating personnel and the personnel surrounding the vicinity of the X-Ray facilities. Therefore, the facility should be shielded such that:

- The radiation levels in controlled areas that are routinely occupied by X-Ray workers should not result in an exposure of greater than 20 mSv/year to any operating personnel.
- And the radiation levels in uncontrolled areas must not result in an exposure greater than 1 mSv/year.
- Furthermore, the shielding required to reduce radiation levels to acceptable level may be determined on the basis of distance, nominal X-Ray tube voltage, and workload. To ensure the radiation levels are always below the acceptable limits, the maximum expected workload should be used.



The quantity of the shielding required (concrete or lead) should be confirmed by the Radiation Safety Officer as per <u>Appendix II of the X-Ray Safety Code 20a</u>. Once completed, *Form 2-Application for the review of permanent X-Ray location (<u>Appendix C</u>) along with the floor plan of the room will be submitted to the Ministry.* 

#### 4.1.2 Registering a Mobile X-Ray Source:

The registration process of a Mobile X-Ray Source differs slightly, and the equipment should be registered using *Form 1-Application of Registration* with the MOL (Please see Appendix C). The room where the mobile X-Ray would be stored should be clearly identified along with the purpose for which the X-Ray source will be used. Any device that is supposed to be used as a portable device outdoors should be registered as a Mobile X-Ray source.

Note that mobile X-Ray sources used in permanent locations would be treated as permanent installation and should also be registered using Form 2. In addition, the travel of the X-Ray device within the room must be clearly identified in the map. Lastly, multiple applications for the same facility should be coordinated if possible to facilitate an expedite review by the ministry.

#### 4.1.3 Registration Application Self-Checklist (MOL- Non-Human Use):

To facilitate the registration process, please confirm all the points listed below are accounted for in the floor plan and the application form. This checklist is intended to work as a guideline for completion of application package prior to the submission.

#### 4.1.3.1 Application Form:

- The shielding you have proposed is adequate.
- The number or identifying name of the x-ray room(s) for which approval of installation is clearly indicated.
- The name of the manufacturer and the model number of the x-ray device(s), the anticipated maximum workload, the maximum tube voltage, and the maximum tube current is provided.
- The name of the Permit Holder/Principal Investigator is identified.
- The qualifications of the Permit Holder/Principal Investigator are provided.
- The occupancy factors of the adjacent spaces, including spaces above and below the x-ray room(s) are provided.
- The thickness and nature of materials that form the boundaries of the x-ray room(s) is included.
- Calculations supporting the proposed shielding are included in the submission. These calculations are based on Appendix II, X-Ray Safety Code 20a.
- The percentage of the working day each adjacent space is occupied is included.
- The percentage of the exposure time, the useful beam is projected toward each adjacent space is included.



#### 4.1.3.2 Floor Plan:

- The name of the owner(s) is recorded on the plan.
- The full address/location of the x-ray unit(s) is recorded on the plan.
- The thickness and nature of the shielding installed is indicated on the plan.
- The floor plans are provided in duplicate (if submitting in hardcopy).
- The floor plans are drawn to a scale of not less than one to one hundred.
- The compass point North is clearly identified.
- The location of the X-Ray source and its limit(s) of travel are indicated on the floor plan.
- The location of the control booth or the exposure switch is indicated.
- The type and location of the safety devices such as warning lights, interlocks, and cut-off switches are indicated.
- The information on the forms/plans correspond.

Once the application is completed it will be submitted to the Ministry of Labour by the Radiation Safety Officer.

#### 4.1.4 Registering for Human Use (MOHLTC):

If the intended use of the X-Ray device is on humans, the permit holder must fill out *Form 2-Application for Approval of X-Ray Installation* and submit it to the Radiation Safety Officer (Please see <u>Appendix D</u>). The RSO will then complete the shielding calculations and complete Form 3 in conjunction with the Permit Holder and the final application consisting of both Forms 2 and 3 will then be sent to the Ministry of Health and Long-Term Care for approval.

The application forms can be found on the MOHLTC website.



#### 5. X-Ray Safety (Engineering Controls):

This section addresses the safety requirements for open beam and closed beam X-Ray devices.

- Open beam X-Ray devices are defined as an X-Ray source where individuals could accidentally place themselves in path of the primary beam during normal operation. (Example: Diagnostic Imaging X-Ray Devices).
- Closed beam X-Ray devices have all the possible X-Ray paths completely enclosed so that no part of the human body can be exposed during normal operation (Example: Electron microscopes, Cabinet X-Ray devices).

Based on the definitions, it is quite clear that more extensive safety mechanisms are required for open beam X-ray sources and hence it is imperative the guidelines in section 5.1 are followed while designing and operating an open beam facility.

#### 5.1 Open Beam X-Ray Devices:

The following general recommendations should always be considered during the design and the operational phase of an open beam X-Ray device.

- 1. The radiation beam must always be directed toward adequately shielded or unoccupied areas.
- 2. The radiation beam and scattered radiation should be attenuated as closely as possible to the source.
- 3. Based on the energy, flux and beam orientation, the floors, walls, ceilings and doors must be built with materials providing adequate radiation protection to workers.
- 4. The shielding should be constructed to form an unbroken barrier. Care should be taken in the use of shielding materials, especially lead, which must be adequately supported to prevent "creeping".
- 5. When necessary, a control booth must be provided for the protection of the operator. Mobile protective barriers are not considered adequate as a control booth except for facilities requiring no shielding at 1 meter from source.
- 6. The control booth should be located, whenever possible, such that the radiation has to be scattered at least twice before entering the booth. In facilities where the radiation beam may be directed toward the booth the shielding of the booth must be that of a primary barrier (example, lead).
- 7. The control booth should be positioned so that during an irradiation no one can enter the radiographic room without the knowledge of the operator.



- 8. Warning signs must be posted on all entrance doors of radiographic room. The warning signs must incorporate the X-radiation warning symbol and should incorporate the words "Unauthorized Entry Prohibited."
- 9. If an animal is required to be restrained or supported by hand, a protective apron and gloves, providing shielding equivalent to at least 0.5 millimeter of lead, shall be worn by any person providing the restraint or support.
- 10. All personal protective equipment including aprons, gloves, and screens (lead or lead equivalent) are to be checked annually to ensure that they are in good condition.

#### 5.2 Cabinet X-Rays/Closed Beam:

- 1. A cabinet X-Ray device should be adequately shielded to ensure that the leakage radiation does not exceed 5  $\mu$ Sv per hour at a distance of 5 centimeters from any accessible external surface.
- 2. Whenever the device is engaged, there should be an audible beeping warning sound indicating that the X-Ray device is in use.
- 3. In addition to the beeping sound there should be a flashing red light visible from 360 degrees on the top of the device indicating that the X-Ray device is engaged.
- 4. Leak testing must be performed annually by the operators to confirm the integrity of the shielding.

#### 5.3 Warning Lights, Signs and Interlocks:

- 1. A label must be affixed to the control panel of every X-ray source capable of producing an air kerma rate greater than 5  $\mu$ Gy/h at any accessible point. The label must identify the device as a source of X-rays, and it should caution against unauthorized use.
- 2. A high radiation area is one in which the air kerma may exceed 100  $\mu$ Gy in any one hour. For permanent installations, all doors, panels and gates giving access to the high radiation area must be provided with locks or interlocks. Interlocks connected to a warning light are required for open beam X-Ray sources (Exceptions to this must be approved by the Radiation Safety Officer).
- 3. Access to high radiation areas must be controlled, both for fixed and for portable or mobile X-ray sources.
- 4. If locks are used, the operator of the X-ray source will be responsible for ensuring that the area is vacated and that the locks are engaged before energizing the source. Interlocks must be designed so that the source cannot be energized until all interlocks are engaged and so that the source is adequately shielded, or the production of X-rays is stopped if an interlock is opened during operation of the source.
- 5. If an X-ray source is being used in a portable or mobile mode, access control is achieved by erecting barriers and posting warning signs to delimit the high radiation area. The barriers and signs must be conspicuous and their meaning clear. In addition, the operator should maintain



- continuous visual surveillance of the high radiation area to ensure that it is kept clear of workers (and members of the public) during X-ray production.
- 6. Each X-Ray room must be clearly identified with a warning sign and the warning signs must be posted at all entrance doors of the X-Ray room. The warning signs must incorporate the X-radiation warning symbol and should incorporate the words "Unauthorized Entry Prohibited" along with "Caution: X-Rays" and its French equivalent. Figure 8, shows an example of a typical warning sign while Figure 9, shows the symbol used to identify an X-Ray source.
- 7. Every X-ray source shall have a similar warning sign on the control panel, in close proximity to the "ON/OFF" switch (See Figure 9 or 10).
- 8. A warning light shall be mounted near each X-ray tube in such a way as to be clearly visible from any direction from which the tube can be approached indicating when X-rays are being produced.



Figure 8: X-Ray Warning Sign (Door)



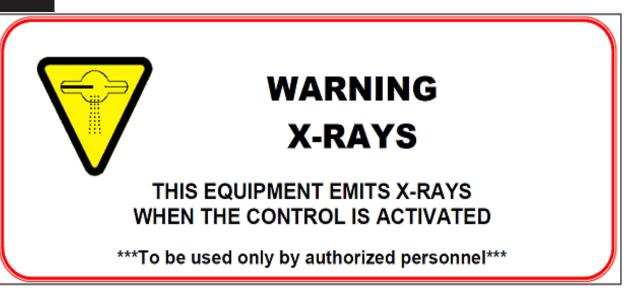


Figure 9: Warning Sign (Console)

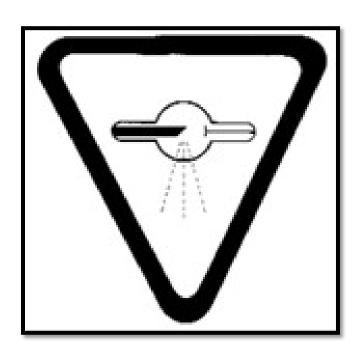


Figure 10: Symbol for the X-Ray Source



#### 5.4 Acceptance Testing/Commissioning (MOL):

Once the X-Ray device is received and an approved registration from the Ministry is received, acceptance testing shall be done prior to putting the device in operation. As part of the acceptance testing confirm:

- That the device fulfills all the manufacturer, regulatory and facility requirements.
- All the safety systems are installed according to the plan and the device is placed correctly in the room.
- The device works as advertised and the relevant device specific training is passed on from the manufacturer.
- A radiation survey of the new X-Ray device should be performed before the device is put into
  operation to ensure the shielding installed is fulfilling its intended purpose. Please contact the
  Radiation Safety Officer for this survey.

#### 6. Administrative Controls:

#### 6.1 Internal Permits:

An internal permit is to be issued by the Radiation Safety Officer on behalf of the Department of Environmental Health and Safety once a new location or device is registered with the Ministry as applicable. The permit will be valid until the end of the device's life cycle and is to be updated if there is any amendment or change made to the operations or location. A copy of the internal permit is to be kept in the approved location where a particular X-Ray device is to be used (Please refer to Appendix F for a sample copy of internal permit).

Furthermore, it should be noted that compliance must be maintained at all times and each internal permit will be subjected to routine internal inspections. The RSO has the authority to revoke or amend the permit in the event compliance is not maintained.

#### 6.2 Inspections:

To ensure compliance and maintenance of permits, the RSO shall perform annual audits. The equipment and the facilities are to be inspected based on the inspection checklist in <u>Appendix-G</u>. Furthermore, to encourage increased safety awareness all the X-Ray workers are encouraged to keep the following safety cloud in mind while performing any work on an X-Ray device.





Figure 11: X-Ray Safety cloud

#### 6.3 Record Keeping:

The following records shall be maintained by the Principal Investigator/Permit Holder at all times:

- Records of radiation surveys (leak testing), including summaries of corrective measures recommended or instituted.
- List of all the X-Ray workers (Students and Principal Investigator) should be maintained for each unit.
- Training Records (including the training date) for all the workers.
- Maintenance and servicing records for the equipment.
- Daily exposure/workload records.
- Incident Reports and corrective measure taken as a result.

The dosimetry records for the X-Ray workers will be maintained by the Radiation Safety Officer.



#### 7. Decommissioning and Disposal of X-Ray Devices:

Prior to any disposal of an X-Ray source the Permit Holder must complete the form found in Appendix-H and submit it electronically to the Radiation Safety Officer.

The following procedure must be followed for the disposal of the X-ray equipment.

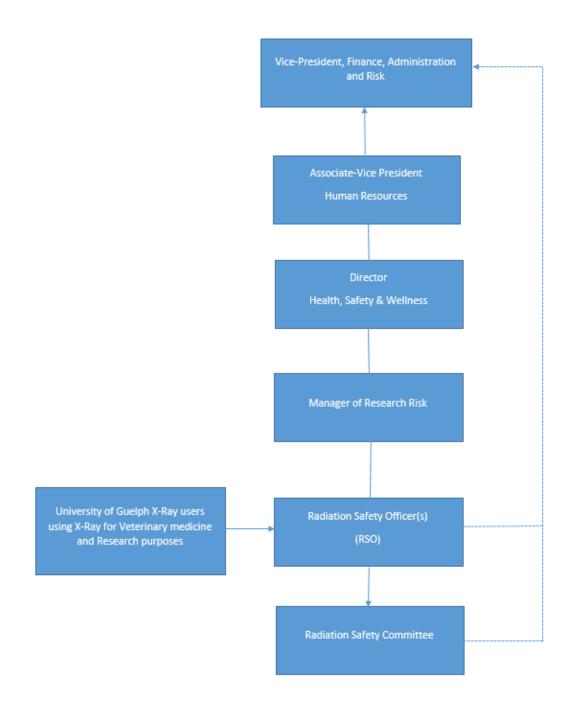
The Permit Holder should first contact the manufacture to determine if it can be returned. For the disposal of an X-ray device, the permit holder with the aid of RSO shall observe the instructions provided by the manufacturer. In a case where a manufacturer is no longer in the business of manufacturing, selling or servicing X-ray equipment, the following procedures should be followed during the disposal process.

- Make the X-Ray device in-operable by severing the power cables.
- Must be confirmed if the tube transformer capacitor contains PCB. If this exists, the device must be disposed of as a hazardous waste.
- > The X-ray tube must be disposed of as a hazardous waste since it may contain beryllium, lead, or any other heavy metals.
- To understand the procedures for the disposal of hazardous waste, please refer to the <a href="Environmental">Environmental</a>
  <a href="Health and Safety website">Health and Safety website</a>.
- > Remove all X-Ray signage and permits from the room.
- All hazardous waste shall be disposed of as per the regulatory requirements and all applicable documents will be maintained by the EHS department/Lab Safety officer.

Note: Please refer to Appendix I for regulations pertinent to X-Ray waste disposal.



# APPENDIX A: Organizational Chart for X-Ray Safety:





# APPENDIX B: Notification of X-Ray Worker Status:

X-R	ay Worke	r Name:		
	Sex:	М 🗆	F 🗆	
by t	ety), this is he Ontario	to inform your Regulation	ou that you have be 861 as a worker wh	Health and Safety Act and Ontario Regulation 861 (X-ray een designate an X-ray Worker. An X-ray Worker is defined o, as a necessary part of the worker's employment, may be quivalent in excess of the annual limits (1 mSv per annum
that X-Ra	ow as Rea t the poter	sonably Achi ntial for expos	evable. Our proced sure is minimized. T	esses adherence to the ALARA policy of maintaining doses: ures and policies are directed towards your safety, ensuring he University of Guelph designate all the users working with h must participate in a Health Canada approved dosimetry
You	must be f	amiliar with	the following docur	nents that are provided to you:
1.	Dose lim	its as outline	d in Ontario Regula	tion 861;
2.			nant X-ray Workers u become pregnant	s as outlined in Ontario Regulation 861. Your rights and ;
3.				hich you may be exposed during the course of your work, posure of an embryo and fetus;
4.	Your exp	ected radiati	on dose levels.	
5.	Please re	efer to <u>https:/</u>	//www.ontario.ca/l	aws/regulation/900861 for these regulations.
		the risk, my o	•	radiation dose limits and levels that are associated with
X-ra	ay Worker	Signature:		
Date	e:			
RSC	O Name:			
RSC	O Signatur	e:		
Date	e:			



# APPENDIX C: MOL Registration Forms

(For current forms please refer to MOL website)

Labour Note: Inser	ry of Protection r Service rt "X" in all applicable box	kes	Form 1 - App O. Reg. 861/90, X Occupational Hea	K-ray Safety	
				Regi	stration No.
The undersigned, as en Of the Ministry of Lab		for the employer	] applies for registration wi	th the Radiati	on Service
A. The employer is: Name				Tele	phone No.
Business Address			City	Posta	al Code
B. The person to who Name	om correspondence sho	uld be addressed i	s as at "A" [], or is:	Tele	phone No.
Position or Title					
Address			City	Posta	al Code
[] Industrial and Comr [] Education and Trair	ning [] Ot his registration, the em	eterinarian ther (Please Specit ployer is in posses	[] Res	earch and Dev	<u> </u>
	e units indicate where i	normally stored.)			
	e units indicate where r Model		ocation (Room, Building, Street, City)		Date Installed
(for portable or mobile					
(for portable or mobile					





# Form 2 - Application for Review Of Permanent X-ray Location O. Reg. 861/90, X-ray Safety Occupational Health & Safety Act

		Registration No.
Part A: General		
The undersigned, as		
[] Employer [] Owner[] Contractor [] Architect applies for review of a permanent x-ray location. The application cov		
x-ray sources in rooms. It is accompant Part B for each x-ray facility for which review is sought.	nied by related floor plans in duplicate a	nd by one completed
1. The name of the x-ray facility for which review is sought is		
2. The employer is:		Tel ephone No.
Name		
Address	City	Postal Code
The employer's registration number isthe	employer is not registered []	
This application is submitted for the following reason     Opening of a new facility	[] Relocation of sources	
[ ] Replacement of old sources in existing facilities [ ] Acquisition of existing facility from:	[] Additional sources	_ 5 7
Previous Owner's Nar	ne	Registration No.
[] Change of shielding provisions, structure, or safety devices		
[] Compliance with Inspector's direction	Date	
	I Duke	19
Operation is expected to co	ommence on	100 m
5. The x-ray source(s) will be (or are at present) located as at 2 []		ANS SUBSTITUTE IN
Address	City	Postal Code
6. The person who exercises (or will exercise) direction over the seemployer, or is:	afe use and operation of the x-ray source	at the above location is the []
Name		Telephone No.
- <del> </del>		
Position		*
Relevant Qualifications		
<ol> <li>The drawings and specifications were prepared by:</li> </ol>		9
[] Employer [] Architect [] Other (specify) Name		Telephone No.
		1
Address	City	Postal Code
8. The information set out in this application and in each Part B ac		to the best of my knowledge.
Dated at this	day of	20
Signature of Applicant	Name (please type or print)	
0245 OH 07 (11:86)		S.



Part B: S	Specific				
Note: O	ne copy of Part B requi	red for each x-ray source for whi	ich review is sought.		
Designa	is sheet refers to x-ray so ited as is x-ray source is used for	and so m	x-ray narked on the accompan	y sources located in lying drawings.	the room
It is ider	ntified by:		Make/Model		Serial No.
And has	the following operating	characteristics:			
a) the	maximum rated tube vol	tage is	_kilovolts		
b) the	maximum rated tube cur	rent is	_milliamperes		
c) the	anticipated maximum w	orkload is	_milliampere - minutes	per week.	
3. The	e composition of the bour	ndaries of the room, including wind	lows and doors, are (giv	e material types and	1 thicknesses):
Floor			Ceiling		
	North				
v2	East				
Walls	South				
	West				
		Occ	cupancy (see note 1)		Usage Factor (See note 2)
Directio	n	Туре		Per Cent	Per Cent
Down					
Up					
North					
East					
South					
West					
Note 1:	parking lot, et source is on ( The usage fac	pe is the nature of use of the area ir c.) Occupancy per cent is the fraction omit if unknown.) ctor is the fraction of the time the b	on, expressed as a perce eam will be pointed in t	entage, of the time the the direction indicate	ne area will be occupied while the ed, as a percentage of the total time
Note 2:	source is on (e The usage fac	omit if unknown.)	eam will be pointed in t	he direction indicate	ed, as a percentage of the total

The information given in this Part must correspond with that given on the accompanying floor plans.



# APPENDIX D: MOHLTC Registration Forms:

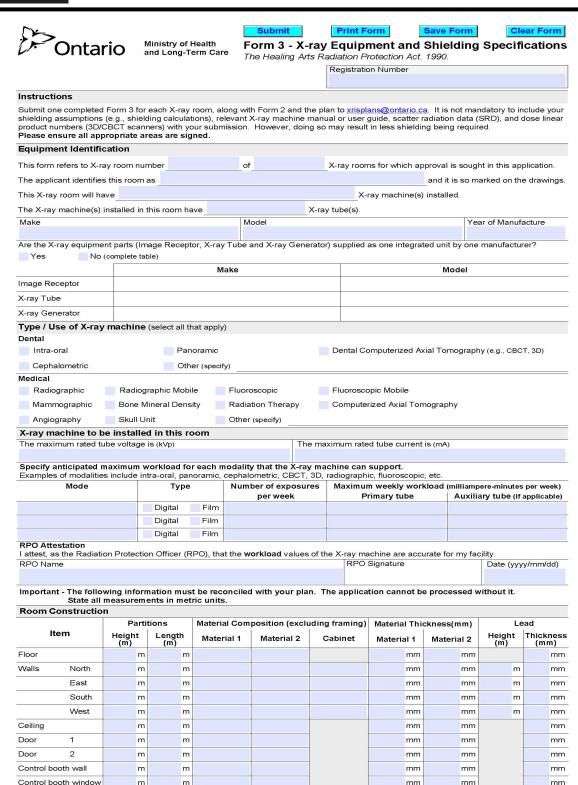
(for current forms please refer to MOHLTC website)

Onta	rio Minist	try of Health ong-Term Care		Form 2 - Applicat X-ray Installation		r Approvai o
Existing Owner				Registration Number		
New Applicant (N	o Registration Nur	mber)				
nstructions						
Return this form with	electronic copy of	the plan and one com	pleted Form 3 for	each X-ray room requiring appro	val for rad	liation shielding to:
X-ray Inspection 5700 Yonge Stre Toronto ON M2I Telephone: 416 Submission of pl	et, 5 <sup>th</sup> Floor M 4K5 327-7937 Fac	Care csimile: 416 327-8805 rms: <u>xrisplans@ontari</u>				
or teaching institu	tions only					
Vill the X-ray machin	100 100 100 100 100 100 100 100 100 100	adiate humans?				
Yes. Proceed with	this application.					
No. X-ray machine	e(s) will be used or	n non-humans only (e.g	g. animals, manneq	uins). Please contact this office f	or referral	to Ministry of Labour
Healing Arts Radiati	on Protection Act,		Section 3. For further	ss and X-ray equipment informa er details concerning collection of 2M 4K5, Talaphana 416 327 70	of this infor	mation, please
The application cover for which approval is Note: Please refer	ers a total of sought.	applies for approval of	a permanent X-ray		ed Form 3	for each X-ray room
The application cove for which approval is <b>Note</b> : Please refer rejection of <b>I. Owner or CEO/F</b>	ers a total ofs sought. to the Information your application.	applies for approval of room	a permanent X-ray	vilocation.  ed by the plan and one complete  omission criteria. Omission of an	ed Form 3	for each X-ray room
The application cover for which approval is Note: Please refer	ers a total ofs sought. to the Information your application.	applies for approval of room	a permanent X-ray	vilocation.  ed by the plan and one complete  omission criteria. Omission of an	ed Form 3	for each X-ray room
The application cover for which approval is Note: Please refer rejection of 1. Owner or CEO/F.	ers a total ofs sought. to the Information your application.	applies for approval of room	a permanent X-ray	vilocation.  ed by the plan and one complete  omission criteria. Omission of an	ed Form 3	for each X-ray room
The application cove for which approval is Note: Please refer rejection of I. Owner or CEO/F Last Name	ers a total of sought. to the Information your application.	applies for approval of room  Pamphlet for plan spo	a permanent X-ray	vilocation.  ed by the plan and one complete  omission criteria. Omission of an	ed Form 3	for each X-ray room
The application cove for which approval is Note: Please refer rejection of I. Owner or CEO/F Last Name	ers a total of sought. to the Information your application. President of the 3	applies for approval of room  Pamphlet for plan spo	a permanent X-ray as. It is accompanie ecifications and sul	vilocation.  ed by the plan and one complete  omission criteria. Omission of an	ed Form 3	for each X-ray room
The application cover for which approval is Note: Please refer rejection of I. Owner or CEO/F. ast Name  Corporate Name  2. Radiation Prote Same as Owner or	ers a total of sought. to the Information your application. President of the 3	applies for approval of room  Pamphlet for plan spo	a permanent X-ray	vilocation.  ed by the plan and one complete  omission criteria. Omission of an	ed Form 3	for each X-ray room
The application cover for which approval is Note: Please refer rejection of 1. Owner or CEO/F. ast Name  Corporate Name  2. Radiation Prote Same as Owner of Last Name	ers a total of is sought. to the Information your application. President of the X ection Officer (For the X-ray machin	applies for approval of room  Pamphlet for plan spo	a permanent X-ray as. It is accompanie ecifications and sul	vilocation.  ed by the plan and one complete  omission criteria. Omission of an	ed Form 3	for each X-ray room
The application cover for which approval is Note: Please refer rejection of I. Owner or CEO/F. ast Name  Corporate Name  2. Radiation Prote Same as Owner cast Name  ast Name	ers a total of sought. to the Information your application. President of the X ection Officer (F of the X-ray machin	applies for approval of room Pamphlet for plan spotential (S)  RPO) ne(s) in Section 1	a permanent X-ray as. It is accompanie ecifications and sul	vilocation.  ed by the plan and one complete  omission criteria. Omission of an	ed Form 3	for each X-ray room
The application cover for which approval is Note: Please refer rejection of 1. Owner or CEO/F. ast Name  Corporate Name  2. Radiation Prote Same as Owner or	ers a total of is sought. to the Information your application. President of the X ection Officer (For the X-ray machin	applies for approval of room  Pamphlet for plan spo	a permanent X-ray as. It is accompanie ecifications and sul	vilocation.  ed by the plan and one complete  omission criteria. Omission of an	ed Form 3	for each X-ray room
The application cover for which approval is Note: Please refer rejection of I. Owner or CEO/F. ast Name  Corporate Name  2. Radiation Prote Same as Owner of Last Name  3. Location of X-red Juit Number	ers a total of sought. to the Information your application. President of the X ection Officer (F of the X-ray machin	applies for approval of room Pamphlet for plan spotential (S)  RPO) ne(s) in Section 1	a permanent X-ray as. It is accompanie ecifications and sul First Na First Name	location.  ed by the plan and one complete omission criteria. Omission of an	ed Form 3	for each X-ray room
The application cover for which approval is Note: Please refer rejection of 1. Owner or CEO/F. ast Name  Corporate Name  2. Radiation Prote Same as Owner of Last Name  3. Location of X-r. Unit Number  City/Town	ers a total of sought. to the Information your application. President of the 2 ection Officer (For the X-ray maching) ay Facility Street Number	applies for approval of room Pamphlet for plan spotential (Street Name	a permanent X-ray as. It is accompanie ecifications and sul First Na  First Name	r location.  ed by the plan and one complete omission criteria. Omission of an	ed Form 3	for each X-ray room nay result in the  Telephone Number
The application cover for which approval is Note: Please refer rejection of I. Owner or CEO/F. ast Name  Corporate Name  2. Radiation Prote Same as Owner of Last Name  3. Location of X-r. Unit Number  City/Town	ers a total of sought. to the Information your application. President of the 2 ection Officer (For the X-ray maching street Number  Fa	applies for approval of room Pamphlet for plan spotential (S)  RPO) ne(s) in Section 1	a permanent X-ray as. It is accompanie ecifications and sul First Na First Name	location.  ed by the plan and one complete omission criteria. Omission of an	ed Form 3	for each X-ray room nay result in the  Telephone Number
The application cover for which approval is Note: Please refer rejection of 1. Owner or CEO/F. ast Name  Corporate Name  2. Radiation Prote Same as Owner of Last Name  3. Location of X-r. Unit Number  City/Town	ers a total of sought. to the Information your application. President of the 2 ection Officer (F of the X-ray machin  ay Facility  Street Number  Fa ext.	applies for approval of room Pamphlet for plan spotential (Street Name  X Number	a permanent X-ray as. It is accompanie ecifications and sul First Na  First Name	location.  ed by the plan and one complete omission criteria. Omission of an	ed Form 3	for each X-ray room nay result in the  Telephone Number
The application cover for which approval is Note: Please refer rejection of I. Owner or CEO/F. ast Name Corporate Name  2. Radiation Prote Same as Owner of Cast Name  3. Location of X-ray City/Town  Celephone Number	ers a total of sought. to the Information your application. President of the 3 ection Officer (F of the X-ray machin ay Facility Street Number  Ext.  Ext.  Ext.  Fa	applies for approval of room Pamphlet for plan spo K-ray Machine(s)  RPO) ne(s) in Section 1  Street Name  x Number	a permanent X-ray as. It is accompanie ecifications and sul First Na  First Name  Provinc ON - 0  Email Address	policiation.  I location.  I lo	ed Form 3	for each X-ray room nay result in the  Telephone Number
The application cover for which approval is Note: Please refer rejection of 1. Owner or CEO/F. ast Name  Corporate Name  2. Radiation Prote Same as Owner of Last Name  3. Location of X-r. Unit Number  City/Town	ers a total of sought. to the Information your application. President of the 3 ection Officer (For the X-ray machin ay Facility Street Number  Fa ext.  Facility (select al	applies for approval of room Pamphlet for plan spotential (Street Name  X Number  I that apply) Independent Health F	a permanent X-ray as. It is accompanie ecifications and sul First Name  Provinc ON - Email Address	location.  ed by the plan and one complete omission criteria. Omission of an	ed Form 3	for each X-ray room nay result in the  Telephone Number
The application cover for which approval is Note: Please refer rejection of 1. Owner or CEO/F. ast Name  Corporate Name  Corporate Name  2. Radiation Prote Same as Owner of ast Name  3. Location of X-r. Jnit Number  City/Town  Telephone Number  4. Type of X-ray F. Dental Facility	ers a total of sought. to the Information your application. President of the 3 ection Officer (For the X-ray machin ay Facility Street Number  Fa ext.  Facility (select al	applies for approval of room Pamphlet for plan spo K-ray Machine(s)  RPO) ne(s) in Section 1  Street Name  x Number	a permanent X-ray as. It is accompanie ecifications and sul First Na  First Name  Provinc ON - Email Address  Facility (IHF) IHF	contario  Billing Number	ed Form 3	for each X-ray room nay result in the  Telephone Number



	ility (specified in <b>Sect</b> i	ion 3)			
Relocating existing	ng facility to new facilit	ty specified in <b>Sect</b>	ion 3		
Provide address of f	acility that is closing				
Registration Number	r				
Unit Number	Street Number	Street Name			РО Вох
City/Town	1	- 1	Province ON - Ontario		Postal Code
Complying with a	n inspector's direction	r			I
Making equipmer	nt changes within exis	ting facility specifie	d in <b>Section 3</b>		
☐ Adding i	new equipment				
☐ Moving	equipment				
Replacir	ng equipment				
		ation of existing equ	uipment. Specify changes or	n Form 3.	
6 Commutational	Tomography (CT)	Installation Only			
<b>6. Computerized</b> This application is fo	Tomography (CT)	mstaliation Only			
			Dental CT Scanner		
CT Scanner (non				CT   -# D	
☐ C1 Letter of	Designation attached			for CT Letter of Designation	
			☐ RCD50 Issued C1	Provisional Facility Perm	t attached
Name and address	of applicant:	ion 2 (1ti)			
	n 1 (Owner) and Sect		First Name		
Different from Se			First Name		
Different from <b>Se</b> Last Name Corporate Name	ection 1 and Section	3	First Name		
Different from <b>Se</b> Last Name			First Name		PO Box
Different from <b>Se</b> Last Name Corporate Name	ection 1 and Section	3	Province ON - Ontario		PO Box Postal Code
Different from <b>Se</b> Last Name Corporate Name Unit Number	Street Number	3	Province		
Different from Se Last Name Corporate Name Unit Number City/Town	Street Number	Street Name	Province ON - Ontario		
Different from Se Last Name  Corporate Name  Unit Number  City/Town  Telephone Number	Street Number  Fax N ext.	Street Name	Province ON - Ontario	ne owner or a delegate	Postal Code
Different from Se Last Name  Corporate Name  Unit Number  City/Town  Telephone Number  8. Attestation  I attest that the info	Street Number  Fax N ext.  ormation in this form	Street Name	Province ON - Ontario Email Address	ne owner or a delegato	Postal Code





Disponible en français

Page 1 of 2

Queen's Printer for Ontario, 2014

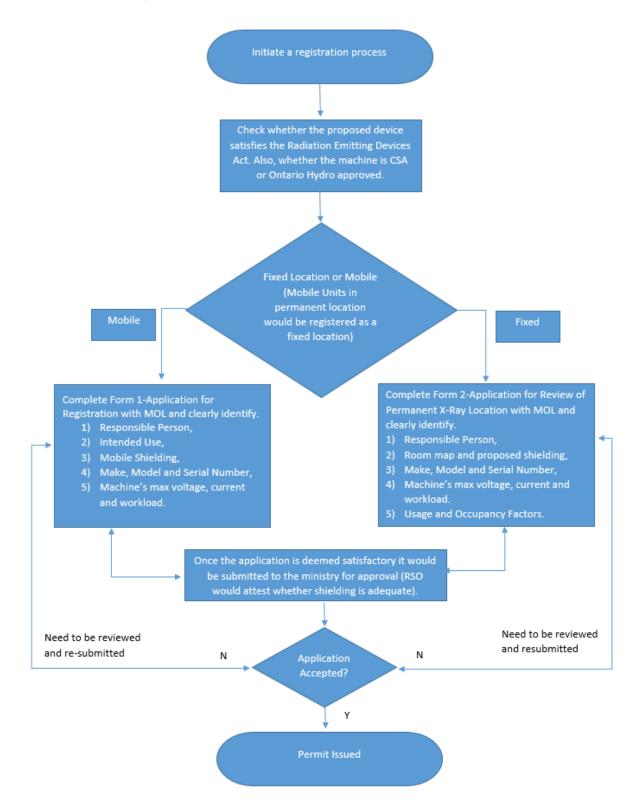
6615-53E (2014/02)



			For what percentage a	of Vour	wildt perc	cintage of t	the exposul	
Space behind, (underneath, over)	Adjacent space oc	cupied by	For what percentage of working day is the soccupied? (%)		the prin	nary beam inted towar	and auxilia rd this spac Auxili	ry beam ce?
loor							, , ,	,
Valls North								
East								
South								
West								
Ceiling								
Control booth								
Additional Shielding	Information							
chest-stands or other bac No Yes (specify)								
Submission of the following	ng information regarding	ı your image r	eceptor is not mandatory b	ut may re	esult in less s	hielding bei	ng required i	if provide
Type of shielding at imag	e receptor Th	ickness of shi	ielding at image receptor		eakage curre	ent at image	receptor	
				mm				ı
	-							
Are you making any char ie.g., replacing image red No Yes (specify change(s)	nges (alterations) to the ceptor, tube head, etc.) made)		f existing X-ray equipment	specified	l on page 1?			
Are you making any char (e.g., replacing image red No Yes (specify change(s)  Please provide any addit  Note: Any subsequent characteristics with the characteristics of the characteri	nges (alterations) to the ceptor, tube head, etc.) made)  ional information regard manges and/or alteration mit a new plan to this of ude the limits of travel of the room dimensions.	ling the X-ray ns made to th ffice <u>before</u> m	e X-ray equipment, its use, paking any of the above chabe and image receptor wit	location anges. hin the r	, or to the su	ition and lin	nits of rotatio	on of the
Are you making any char (e.g., replacing image recomplete in No Yes (specify change(s))  Please provide any addit provide any subsequent of the provide and the pr	nges (alterations) to the peptor, tube head, etc.) made)  ional information regard manges and/or alteration mit a new plan to this of ude the limits of travel one room dimensions.  nat the information co	ling the X-ray ns made to th ffice <u>before</u> m	e X-ray equipment, its use naking any of the above chube and image receptor with is form is complete and a	location anges. hin the n	, or to the su pom, the pos and that I a	ition and lin	nits of rotation	on of the
Are you making any char (e.g., replacing image rec No Yes (specify change(s)  Please provide any addit  Note: Any subsequent of re-approval. Please subsequent of re-approval on your plan, please incleair (dental only), and the Attestation - I attest the owner, authorized the ending image in the owner, authorized the owner, authorized the ending image in the owner, authorized the owner.	nges (alterations) to the peptor, tube head, etc.) made)  ional information regard manges and/or alteration mit a new plan to this of ude the limits of travel one room dimensions.  nat the information co	ling the X-ray ns made to th ffice <u>before</u> m	e X-ray equipment, its use, paking any of the above chabe and image receptor wit	location anges. hin the n	, or to the su pom, the pos and that I a	ition and lin	nits of rotatio	on of the
(e.g., replacing image red No Yes (specify change(s)  Please provide any addit  Note: Any subsequent change and the re-approval. Please subsequent chair (dental only), and the chair (dental only).	nges (alterations) to the peptor, tube head, etc.) made)  ional information regard manges and/or alteration mit a new plan to this of ude the limits of travel or ne room dimensions.  nat the information co o submit this form.	ling the X-ray ns made to th ffice <u>before</u> m	e X-ray equipment, its use naking any of the above chube and image receptor with is form is complete and a	location anges. hin the n	, or to the su pom, the pos and that I a	ition and lin	nits of rotation	on of the



#### APPENDIX E: Registration Process Flowchart:



Page **26** of **30** 



# APPENDIX F: Sample X-Ray Permit:

University of Guelph	X-Ray User Permit
Department of Environmental Health and Safety	Permit Number: 1-604
Permit	Holder:
Karan Virdi 50 Stone Road East, Ontario, Guelph N1G 2W1 Alexander Hall, Room 172 C	
Permit	Validity:
Effective Date:	September 30 <sup>th</sup> , 2017
Expiry Date:	End of X-Ray machine life or Until Amended.
Approved X-	Ray Devices:
X-Ray Device Make and Model	Philip <u>Veradius</u>
X-Ray Serial Number	123
Approved	Locations:
Building, Building # & Room number:	Alexander Hall, 131, Room No. 172 C
Approve	d Usage:
Diagnostic Imaging.	
Fixed Shielding	Specifications:
North Wall: 6 Inch concrete with large window  East Wall: 6 Inch concrete with wooden door (metal fra  South Wall: 6 Inch concrete block  West Wall: 6 Inch concrete block with wooden door (m	·
Portable Shielding Spec	cifications (If Required):
Lead curtains wheeled in as necessary. Lead gown, collars and gloves.	
Conditions	of Approval:
<ul> <li>As per Occupational Health and Safety Act, Regular operation and handling of X-Ray sources.</li> <li>X-Ray machine must be used at a minimum distance</li> </ul>	ce of 2 meters from the wall.
Types of Workers Authorize	ed to work on the machine:
Researchers     Students	
Dosimeters Iss	ued Under this Permit:
⊠ Yes	□ No
Signature of Approval:RSO	RSC Chair



# APPENDIX G: RSO Inspection Checklist:

Rating:	Yes= ✓	No=3¢	Not applicable=N	A	Unknown=?	
V.D						
X-Ray Insp	ection Checklist:					
Permit Hol	der:	Permit Number:		Date	:	
Building: _		Room Number:		_ Auditor:		
Safety Fed	atures					
Inspection	n Item			Rating	Comments	
All Interlo	cks/Locks Functio	oning.				
Key Lock o	control installed t	o control the device.				
X-Ray ON,	OFF switch avail	able and required to ener	gize the device.			
X-Ray sou	rce warning if the	e output greater than 5 μ	Gy.			
Open bea		pped with means to p	revent access to			
		ves in good condition and	inspected.			
Unused be	eam ports perma	nently blocked off with le	ad.			
Standard	Operating Proced	dures maintained and up	dated (Technique			
chart post	ted).					
Training						
		y all the X-Ray workers.				
	ining completed	by all the X-Ray workers.				
Records						
-	kload records bei					
		h their training dates kep	t up to date.			
Maintena	nce records kept	up to date.				
Dosimetry	/					
		n properly and stored app	ropriately.			
	kers aware of the					
	nts reported to th	e RSO in writing.				
Registrati	ion					
X-Ray per	mit posted in the	room.				
	<u>.</u>	mit requirements report	ed to the RSO.			
	nt Person/Supervi	isor identified.				
Warning I	Lights/Signs					
Door sign	is posted and dis	plays correct contact info	rmation.			
Registration	on certificate pos	ted near the X-Ray device	2.			
X-Ray war	ning signs posted	near the X-Ray device.				
		e visible indicator, in close				
		clearly indicates when	X-Rays are being			
produced.		ight indicators are present	t to indicate when			
1 '	_	and when X-Rays are bei				
		caution wording posted of				
nanel	0 /					



# APPENDIX H: Decommissioning and Decontamination Form:

Type of equipment:			
Owner of equipment	:		
Department:			
Serial number/I.D. nu	mber:		
Original location of e	quipment (bldg & room no.):		
Future location of equ	uipment (bldg & room no.) if ap	plicable:	
Equipment to be disp	posed? Yes No		
This equipment was	s used with the following ha	zardous materials:	
Biological	Chemical $\Box$	Radioactive	
Other	Please specify:		
asbestos, etc.):  Decontamination:			
Decontamination: Completed? Yes	□ Not required □		
Decontamination:			
<b>Decontamination:</b> Completed? Yes If not required, explai	n why:	taminated or does not require decor	ntamination:
<b>Decontamination:</b> Completed? Yes If not required, explai	n why: e of equipment has been decon	taminated or does not require decor	ntamination:  Date
Decontamination: Completed? Yes If not required, explai	n why: e of equipment has been decon		
Decontamination: Completed? Yes If not required, explai I certify that this piece Printed name	n why: e of equipment has been decon		
Decontamination: Completed? Yes If not required, explai I certify that this piece Printed name Decontaminated with Comments:	n why: e of equipment has been decon Sign		
Decontamination: Completed? Yes If not required, explai I certify that this piece Printed name Decontaminated with Comments: If refrigerants were printed in the comments of t	n why: e of equipment has been decon Sign n:	irming removal. Reclaim form no.:	
Decontamination: Completed? Yes If not required, explai I certify that this piece Printed name Decontaminated with Comments: If refrigerants were printed in the comments of t	n why: e of equipment has been decon Sign	irming removal. Reclaim form no.:	



#### APPENDIX I: Regulations pertaining X-Ray waste disposal:

The Ministry of the Environment and Climate Change (MOECC) has jurisdiction over the disposal of an x-ray device. The disposal of x-ray equipment, as a waste, is governed by Ontario Regulation 347 under the Environmental Protection Act. Lead and Beryllium windows would be classified as hazardous waste. The equipment or parts within it may be classified as hazardous waste if it fails the Leachate toxic test for contaminants listed in Schedule 4 of Regulation 347. (For example any lead shielding components). Also there maybe parts within the equipment that would be classified as PCB waste as defined in Regulation 362. If the equipment to be disposed is found to be hazardous the generator must be registered with the MOECC and the waste management of it, must be by a certified carrier and receiver.

The following additional information on PCBs is provided to help you understand some of the MOECC requirements however you are advised to contact the MOECC to confirm the requirements and obtain further clarification.

The transformer oil should be tested to determine if it contains PCBs. If the PCB concentration is greater than 50 ppm, both the oil and the transformer casing are PCB waste. Depending on the concentration above 50 ppm, the transformer casing may possibly be decontaminated, but this has to be done by an MOECC approved waste management company. If properly decontaminated, the transformer can be sent to a scrap dealer for metal recovery. If the transformer cannot be decontaminated, it too would have to be sent for off-site disposal by an MOECC approved waste management company. The PCB oil would also have to be disposed of off-site by an MOECC approved waste management company.