PERMIT CONTACT INFORMATION

Maintain the current version of this form within this Radiation Safety Binder. This form is to be reviewed/revised by the permit holder on an annual basis or sooner if there are changes to the information.

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| Permit Holder: | | |
| **Permit Number:** | |  |
| **Office (Building/Room#)** | |  |
| **Phone Number (ext.)** | |  |
| **Alternate Contact Number (if applicable)** | |  |
| Designates: (Alternates must have completed Radiation Safety Training ) | | |
| **1st Alternate** | **Name** |  |
| **Location (Building/Room#)** |  |
| **Phone Number (ext.)/ Alternate Contact Number (if applicable)** |  |
| **Acknowledgement of Alternate (signature and date)** |  |
| **2nd Alternate** | **Name** |  |
| **Location (Building/Room#)** |  |
| **Phone Number (ext.)/ Alternate Contact Number (if applicable)** |  |
| **Acknowledgement of Alternate (signature and date)** |  |
| **3rd Alternate** | **Name** |  |
| **Location (Building/Room#)** |  |
| **Phone Number (ext.)/ Alternate Contact Number (if applicable)** |  |
| **Acknowledgement of Alternate (signature and date)** |  |

**Date of completion/review:**