



# Annual Status Report – Radiation Safety Permit

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Radiation Safety Permit Number: \_\_\_\_\_ Expiry Date of Permit: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

## Personnel

Confirm current personnel involved with this project. Attach page(s) if additional space is required.

Name	Last Date of U of G Radiation Safety Training. (Must be within last 3 years)

## Location

Confirm current locations where radiation work takes place. Attach page(s) if additional space is required.

Building Name or Number	Room Number	Type (BLL, ILL, Counter Lab, Sealed Source)



UNIVERSITY  
of GUELPH



**Certification:**

As Principal Investigator, by submitting this document **using your @uoguelph.ca** email account, you confirm that:

the information provided in this Status Report is accurate and that you will adhere to the requirements of the radiation safety program including but not limited to training, contamination monitoring and inventory maintenance for as long as this permit remains.