

Annual Status Report – Radiation Safety Permit

Radiation Safety Permit Number:Expiry Date of Permit:							
Principal Investigator:	Dep	partment:					
Personnel Confirm current personnel invorequired.	lved with this projec	ct. Attach page(s) if additional space is					
Name	E Last Date of U of G Radiation Training. (Must be within la						
		5 (
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)					



Open Source

List the current inventory of open sources, as of November 30 of the current calendar year. Attach page(s) if additional space is required.

Radionuclide	Total Inventory (in MBq)

Sealed Source

List the current inventory of sealed sources, as of November 30 of the current calendar year. Attach page(s) if additional space is required.

U of G ID	Manufacturer	Model	Serial Number	Radionuclide(s)	Total activity (MBq)	Reference Date



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.