

CONFIDENTIAL

Part 3.....

“I certify that the above individual’s work may require him/her to be exposed to ionizing radiation and that he/she has been adequately trained in the procedures necessary to minimize possible hazards.”

Radiation Supervisor: _____

Email: _____

Signature: _____

Date signed: _____ **Radiation Permit #** _____

For Radiation Safety use only

Badge number assigned: _____	Type: _____	Location: _____
_____	Type: _____	Location: _____

Revised 3 March 2022