

## Radiographic Inspection Permit

Area		Date	
Unit		Time	From                      Till
<b>Names of Operators</b>		<b>Source</b>	
1.		X-Ray .....	KV
2.		Ir .....	Ci/Sv
3.		Co .....	Ci/Sv
4.		Other .....	Ci/Sv
Position		horizontal/vertical	Elevation .....

Requirements	1.	The location will be marked with yellow/black tape and respective internationally recognized signs.
	2.	During execution of work, applicant subcontractor will maintain supervision.
	3.	Marked area will be cleared of personnel not involved with X-ray activity <b>PRIOR</b> to activation of source.
	4.	Maximum dose level measured at marked boundary will not exceed the boundary level set by authorities.

	Applicant Subcontractor	Executing Subcontractor	Company
Signature			
Name			
Date of issue			

Company Safety Engineer	Signature	Original to:  Subcontractor	Distribution:
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**A copy of this permit to be handed to Company's Safety Engineer.  
Permit is to be handed in to the Company issuing authority at the end of EACH workday**