



YORK UNIVERSITY
RADIATION SAFETY COMMITTEE

RADIOISOTOPE PERMIT APPLICATION FOR SEALED RADIATION SOURCES

Date of Application:

Name of Applicant:

Department:

Room:

Building:

Tel.:

| Radionuclide | Activity (e.g., mCi) | Make | Model | Serial No. | Name of Device (if applicable) |
|--------------|-------------------------|------|-------|------------|--------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Location (building, room no.) where source is located:

Usage (briefly indicate how source will be used):