

**AP-012-01 - Radiation Work Permit**

<b>RADIATION WORK PERMIT</b>																					
Job Supervisor: Al Craig/Mike Plonski		Date: 2/23/2017	RWP #: 10-1007.00-4																		
Location of Work: Former UNC Manufacturing Facility, New Haven, CT																					
Description of Work: Asbestos abatement, confined space entry, waste collection, FSS.																					
<b>SUMMARY OF RADIOLOGICAL CONDITIONS</b>																					
LOCATION	CONTAMINATION LEVELS	RADIATION LEVELS	AIRBORNE CONCENTRATIONS																		
Containment(s)	< 1,000 α / 1,000 β-/γ Removable < 5,000 α / 5,000 β-/γ Total	< 10 μRem/hr Area above background < 500 μRem/hr contact	<1E-14 uCi/ml effluent <2E-11 uCi/ml breathing zone																		
<b>REQUIRED RADIOLOGICAL CONTROLS</b>																					
<input checked="" type="checkbox"/> Coveralls	<input type="checkbox"/> Glove Liners	<input checked="" type="checkbox"/> BZ/Lapel Air Sampler																			
<input type="checkbox"/> Hood	<input type="checkbox"/> Plastic Shoe Covers	<input type="checkbox"/> Lab Coat																			
<input type="checkbox"/> Surgeon's Cap	<input checked="" type="checkbox"/> Rubber Shoe Covers	<input checked="" type="checkbox"/> Pre-Job Meeting																			
<input type="checkbox"/> Surgeon's Gloves	<input type="checkbox"/> Tape Gloves to Sleeves	<input checked="" type="checkbox"/> Continuous HP Coverage																			
<input checked="" type="checkbox"/> Rubber Gloves	<input type="checkbox"/> Plastic Suit	<input type="checkbox"/> TLD/OSL																			
<input checked="" type="checkbox"/> Trained Radiation Worker(s)	<input type="checkbox"/> Other																				
Special Instructions: Level C PPE also includes air-purifying respirator, work boots, hard hats, and safety glasses. Workers must be fit-tested for respirator and have Asbestos Awareness Training.																					
<b><i>YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE RADIOLOGICAL CONDITIONS AND CONTROLS.</i></b>																					
NAME	SIGNATURE	NAME	SIGNATURE																		
<table style="width:100%; border: none;"> <tr> <td style="width: 40%; border: none;">_____</td> <td style="width: 30%; border: none;">_____</td> <td style="width: 30%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Approved by (print name)</td> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Re-approved by (print name)</td> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">RWP Terminated by (print name)</td> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> </table>				_____	_____	_____	Approved by (print name)	Signature	Date	_____	_____	_____	Re-approved by (print name)	Signature	Date	_____	_____	_____	RWP Terminated by (print name)	Signature	Date
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Re-approved by (print name)	Signature	Date																			
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RWP Terminated by (print name)	Signature	Date																			

**AP-012-02 - Radiation Work Permit Addition Sheet**

**RADIATION WORK PERMIT ADDITION SHEET**

RWP # 10-1007.00-4

NAME	SIGNATURE	NAME	SIGNATURE

_____ Reviewed by (print name)	_____ Signature	_____ Date
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