



**Radiation Safety**

110 Suffolk Hall  
Stony Brook, NY 11794-6200  
631-632-6410 (Office)  
631-632-9683 (Fax)

Serving Stony Brook University, Stony Brook University Hospital, & Article 28 facilities

# INDUSTRIAL RADIOGRAPHY (IR) / MOISTURE DENSITY GAUGE WORK PERMIT REQUEST

Includes both east and west campus.

Return to [Janet.Oseni@stonybrook.edu](mailto:Janet.Oseni@stonybrook.edu) and [Michelle.Kehoe@stonybrook.edu](mailto:Michelle.Kehoe@stonybrook.edu)

Company name	
Address	
Radiation Safety Officer name and 24-hour phone number	
Company hired by	

Date of work \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_

Building(s) of work \_\_\_\_\_

**Radiation Source is**

X-ray IR	Radioactive Materials IR or Nuclear Gauge
Registration # Issued by the State of	Radioactive Materials License # Issued by the State of
Manufacturer/Model	Isotope(s) and activity
Number of devices on campus	Number of devices on campus
License plate number	License plate number

As Radiation Safety Officer of \_\_\_\_\_, I attest that radiographers, assistants and gauge operators are provided with a NVLAP accredited dosimeter of record, an annually calibrated alarming rate dosimeter, documented annual radiation safety training that is commensurate with the nature of potential exposure\* and that I am named as the RSO on the above company's radioactive materials license. In addition, ionizing radiation devices sent to Stony Brook are in good working order and have had routine recommended preventative maintenance. I understand that the New York State Department of Health, Bureau of Environmental Radiation Protection may do an announced inspection while my company is working at Stony Brook. If my company holds an out of state radioactive materials license, I understand that before work starts, I must contact and receive reciprocity from the New York State Department of Health, Bureau of Environmental Radiation Protection. (\*as required by above named company's radioactive materials license)

RSO signature \_\_\_\_\_

**Provide the following documentation with this work permit request:**

- Copy of valid X-ray registration or radioactive materials license
- Copy of NYS reciprocity if the IR firm is from out of state.
- Credential documents of all industrial radiographers or nuclear gauge operators that will work at Stony Brook during the work date range.

APPROVED for above dates \_\_\_\_\_, Stony Brook Radiation Safety