

Stony Brook, NY 11794-6200

APPROVED for above dates

INDUSTRIAL RADIOGRAPHY (IR) WORK PERMIT REQUEST

Includes both east and west campus.

Return to Janet.Oseni@stonybrook.edu and Michelle.Kehoe@stonybrook.edu

Return to Janet. Osern @storrybrook.edd and witchelle. Renoe @storrybrook.edd	
IR company name	
Address	
Radiation Safety Officer name and 24-hour	
phone number	
Date of work//20 to/	/20
Building(s) of work	
Radiation Source is	
X-ray	Radioactive Materials
Registration #	Radioactive Materials License #
Issued by the State of Manufacturer/Model	Issued by the State of
Manufacturer/Model	Isotope and activity
Number of devices on campus	Number of devices on campus
Rig state and plate number	Rig state and plate number
As Radiation Safety Officer of, I attest that radiographers and assistants	
are provided 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.	
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 that will work at Stony Brook during the work date range. 	

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