

Form 2 – Occupational Health and Safety Act

APPLICATION FOR REVIEW OF PERMANENT X-RAY LOCATION

Ontario Ministry
of Labour

Radiation Protection
Service

Registration
No.

PART A: GENERAL

The undersigned as: employer owner contractor architect engineer agent

applies for review of a permanent X-ray location. The application covers a total of X-ray sources in rooms. It is accompanied by floor plans in duplicate and by one completed Part B for each X-ray source for which review is sought,

1. The name of the X-ray facility for which review is sought is
.....
2. The employer is:
Name Telephone No.
Number, Street
City Postal Code
3. The employer's registration number is OR The employer is not registered ~
4. This application is submitted for the following reason:
~ Opening of a new facility
~ Relocation of sources
~ Replacement of old sources in existing facilities
~ Additional sources
~ Acquisition of existing facility from:
Previous owner's name Registration No.
~ Change of shielding provisions, structure or safety devices
~ Compliance with inspector's direction
Operation is expected to commence on the following date: 20.....
5. The X-ray source(s) will be (or are at present) located as at 2 ~ , or at
Number, Street
City Postal Code
6. The person who exercises (or will exercise) direction over the safe use and operation of the X-ray source at the above location is the employer or is:
Name Telephone No
Position
Relevant Qualifications
7. The drawings and specifications were prepared by:
~ employer ~ architect ~ other (specify)
Name Telephone No
Number, Street
City Postal Code
8. The information set out in this application and in each Part B accompanying this application is accurate to the best of my knowledge:
Dated at, this day of, 20.....

PART B: SPECIFIC

Please Note: one copy of Part B is required for each X-ray source for which review is sought.

1. This sheet refers to X-ray source number of
 X-ray sources located in the room designated as and so marked on the accompanying drawings.
2. This X-ray source is used for
 It is identified by:
 Make/Model Serial No.
 The following operating characteristics:
 (a) the maximum rated tube voltage is kilovolts
 (b) the maximum rated tube current is milliamperes
 (c) the anticipated maximum workload ismilliampere-minutes per week
3. The composition of the boundaries of the room, including windows and doors, are (give material types and thicknesses):
 Floor
 Ceiling
 Walls: North
 East
 South
 West

Direction	Occupancy (See Note 1)		Usage Factor (see Note 2)
	Type	Percent	Percent
Down
Up
North
East
South
West

Note 1: Occupancy type is the nature of use of the area in the indicated direction relative to the X-ray source. (e.g. office, waiting room, parking lot, etc.). Occupancy percent is the fraction, expressed as a percentage, of the time the area will be occupied while the source is on (omit if unknown)

Note 2: The use factor is the fraction of the time the beam will be pointed in the direction indicated, as a percentage of the total time the source is on. For uncollimated, panoramic or multiple beams, the sum may exceed 100 percent.

The information given in this Part must correspond with that on the accompanying floor plans.