

CHPRC RADIOLOGICAL WORK PERMIT		Project/Activity		
General <input type="checkbox"/>	Job Specific <input type="checkbox"/>	Tech. Document No.	Location Code	RWP Number
		Page 1 of ____		
Start Date	End Date	Responsible Organization		
Job Location				
Job Description and Type of Area: <input type="checkbox"/> RA <input type="checkbox"/> HRA <input type="checkbox"/> VHRA <input type="checkbox"/> CA <input type="checkbox"/> HCA <input type="checkbox"/> URMA <input type="checkbox"/> ARA <input type="checkbox"/> SCA <input type="checkbox"/> RBA				
Primary Isotope(s): <input type="checkbox"/> MFP <input type="checkbox"/> MAP <input type="checkbox"/> Cs <input type="checkbox"/> Sr <input type="checkbox"/> H-3 <input type="checkbox"/> U <input type="checkbox"/> Pu Other:				
Radiation Emitted	Estimated Dose Rates	Contamination Levels	Radiological Worker Training Req.	
<input type="checkbox"/> Alpha	General Area: mrem/h	Beta-gamma: dpm/100cm ²	I <input type="checkbox"/>	
<input type="checkbox"/> Beta	Maximum Contact: mrem/h	Alpha: dpm/100cm ²	II <input type="checkbox"/>	
<input type="checkbox"/> Photons				
<input type="checkbox"/> Neutrons				
Internal Dosimetry Requirements				
<input type="checkbox"/> Annual Whole Body Count: <input type="checkbox"/> WB (3 min) <input type="checkbox"/> WC (10 min)				
<input type="checkbox"/> Chest Count: <input type="checkbox"/> CA (Am-241, Pu-239) <input type="checkbox"/> CU (U-235, Th-234) <input type="checkbox"/> CC (All)				
<input type="checkbox"/> Urinalysis: Isotopes to test for (if any): _____				
RADIOLOGICAL PROTECTION REQUIREMENTS			SPECIAL INSTRUCTIONS (SI)	
RCT Coverage		Dosimetry		
Continuous		HSD – TLD		
Intermittent		HCND – TLD		
Start of Job		Pocket Dosimeter		
End of Job		Electronic Dosimeter		
Self Survey (if qualified)		Finger Rings		
RCT Survey Required		Time Keeping		
Auto. Survey Device		Entry Control System		
See SI#		PNAD		
PROTECTIVE EQUIPMENT				
Coveralls		Shoe Covers		
Lab Coat		Canvas Boots		
Waterproof Suit		Rubber Overshoes		
Gortex Suit		Rubber Boots		
Cap		Full Face Respirator		
Hood		PAPR		
Surgeon's Gloves		Supplied Air Respirator		
Leather Gloves		SCBA		
Canvas & Surgeon's Gloves		Undressing Assistance		
Waterproof Gloves		Air Sampling Required		
No Personal Outer		Lapel Sampling		
Modesty Clothing		ARM Required		
See SI#		See SI#		
ALARA Review: YES <input type="checkbox"/> NO <input type="checkbox"/> Pre-Job Briefing: YES <input type="checkbox"/> NO <input type="checkbox"/> Post-Job ALARA Review Required: YES <input type="checkbox"/> NO <input type="checkbox"/>				
RWP Prepared by:			Date:	Phone:
Line Mgt.	Print: _____	Phone _____	Date: _____	
	Sign: _____			
RC Mgt.	Print: _____	Phone _____	Date: _____	
	Sign: _____			
Other	Print: _____	Phone _____	Date: _____	
	Sign: _____			
Acknowledged By: _____			Date: _____	
RWP Change Approvals: _____			Date: _____	

**CHPRC RADIOLOGICAL WORK PERMIT
ADDENDUM**

RWP Number: