**RADIOLOGICAL WORK PERMIT**

<table>
<thead>
<tr>
<th>General</th>
<th>Tech. Document Number</th>
<th>Location Code</th>
<th>RWP Number</th>
<th>Page 1 of 2</th>
</tr>
</thead>
</table>

**Start Date** | **End Date** | **Responsible Organization**

**Job Location**

**Job Description and Type of Area:** [ ] RA [ ] HRA [ ] VHRA [ ] CA [ ] HCA [ ] URMA [ ] ARA [ ] SCA [ ] RBA

**Primary Isotope(s):** [ ] MFP [ ] MAP [ ] Ca [ ] Sr [ ] H-3 [ ] U [ ] Pu [ ] Other:

<table>
<thead>
<tr>
<th>Radiation Emitted</th>
<th>Estimated Dose Rates</th>
<th>Contamination Levels</th>
<th>Radiological Worker Training Req.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Alpha</td>
<td>General Area: mrem/h</td>
<td>Beta-gamma: dpm/100cm²</td>
<td>i [ ]</td>
</tr>
<tr>
<td>[ ] Beta</td>
<td>Maximum Contact: mrem/h</td>
<td>Alpha: dpm/100cm²</td>
<td>ii [ ]</td>
</tr>
<tr>
<td>[ ] Photons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Neutrons</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Internal Dosimetry Requirements**

- [ ] Annual Whole Body Count: [ ] WB (3 min) [ ] WC (10 min)
- [ ] Chest Count: [ ] CA (Am-241, Pu-239) [ ] CU (U-235, Th-234) [ ] CC (All)
- [ ] Urinalysis: Isotopes to test for (if any):

**RADIOLOGICAL PROTECTION REQUIREMENTS**

- **SPECIAL INSTRUCTIONS (SI)**

**PROTECTIVE EQUIPMENT**

<table>
<thead>
<tr>
<th>Coveralls</th>
<th>Shoe Covers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Coat</td>
<td>Canvas Boots</td>
</tr>
<tr>
<td>Waterproof Suit</td>
<td>Rubber Overshoes</td>
</tr>
<tr>
<td>Gortex Suit</td>
<td>Rubber Boots</td>
</tr>
<tr>
<td>Cap</td>
<td>Full Face Respirator</td>
</tr>
<tr>
<td>Hood</td>
<td>PAPR</td>
</tr>
<tr>
<td>Surgeon's Gloves</td>
<td>Supplied Air Respirator</td>
</tr>
<tr>
<td>Leather Gloves</td>
<td>SCBA</td>
</tr>
<tr>
<td>Canvas &amp; Surgeon's Gloves</td>
<td>Undressing Assistance</td>
</tr>
<tr>
<td>Waterproof Gloves</td>
<td>Air Sampling Required</td>
</tr>
<tr>
<td>No Personal Outer</td>
<td>Lapel Sampling</td>
</tr>
<tr>
<td>Modesty Clothing</td>
<td>ARM Required</td>
</tr>
<tr>
<td>See SI No.</td>
<td>See SI No.</td>
</tr>
</tbody>
</table>

**ALARA Review:** YES [ ] NO [ ]

**Print First and Last Name**

**Signature**

**Phone Number**

**Date**

**RWP Prepared by:**

**Line Management:**

**RC Management:**

**Other:**

**Acknowledged By:**

**RWP Change Approvals**

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**NOTE:** Update form as required when changes occur that impact the validity of the radiological hazard classification(s) or planning assumptions for the listed technical work document(s).