Contractor logo	**Contractor Name** **PROJECT NAME**

PERMIT FOR RADIOGRAPHY

A. Application (to be completed by contractor)					
Requesting Company:		Request by:		Date:	
Permission is requested to conduct radiography as follows (A plan showing precise area affected by the radiography must be attached):					

Plant area:		Location	
Size of source to be used:		No of shot to be performed:	
Type of source to be used:		Type of equipment to be used:	

Permit is required from:	Time	Date	To:	Time	Date

B. Precautions to be taken prior to commencement and during the work

1. Isolation ☐
2. Barriers ☐
3. ERP in case of losing the source ☐
4. Warning sign ☐
5. Survey meter ☐
6. Personal protective equipment ☐
7. Other ☐

C. Issue (to be completed by Company)

Permission is given for the work to proceed subject to the conditions specified above and site distribution arranged:

	Sign:	Print:	Date:	Time:	Company:
Signed (Permit Controller):					

D. Performing Authority Acceptance (to be completed by Contractor)

I certify that have read and understood this permit and that the work will be carried out in accordance with its requirements.

	Sign:	Print:	Date:	Time:	Company:
Signed :					

E. Completion of Work (to be completed by Contractor)

I hereby declare that all work for which this permit was issued has been completed, all personnel under my control have been withdrawn and the work area and any associated equipment have been left in a safe condition.

	Sign:	Print:	Date:	Time:	Company:
Signed :					

F. Cancellation

This permit is cancelled.

	Sign:	Print:	Date:	Time:	Company:
Signed :					