

NUCLEAR SOURCE SHUTTER CLOSURE VERIFICATION FORM

As per CNSC regulations and Guidelines for Handling of Nuclear Gauges SPI this form MUST be completed and delivered to the Radiation Safety Officer immediately after a nuclear gauge has been installed or dismantled, or for entry to a vessel on which a nuclear gauge is installed.

PRESENT SOURCE LOCATION			
Plant:	Application (include location):		
SOURCE DATA			
Manufacturer:	Model:	Isotope:	Serial Number:
Activity:	Date:	Notes:	
SURVEY METER DATA			
<small>((NOTE SURVEY METER MUST HAVE BEEN CALIBRATED WITHIN A 1 YEAR PERIOD))</small>			
Manufacturer:	Model:	Calibration Date:	Battery OK:
			Yes No
SURVEY RESULTS			
@ 30cm		Shutter Locked:	Notes:
Shutter Open:	Shutter Closed:		
<small>(circle the correct units)</small>		Yes No	
m ^r /hr	m ^r /hr		
μ ^r /hr	μ ^r /hr		
mSv/hr	mSv/hr		
μSv/hr	μSv/hr		
<small>NOTE: IF SHUTTER DOES NOT CLOSE, DO NOT PROCEED WITHOUT FURTHER INSTRUCTIONS (DO NOT USE FORCE ON THE SHUTTER MECHANISM)</small>			
SURVEY CONDUCTED BY			
Name(s):	Date:	Removal Date:	Installation Date:
NEW SOURCE LOCATION			
Plant:	Application (include location):		

Note: Measurements must be taken in a location that indicates a significant drop in dose rate after closing the shutter. Often the only location where shutter closure can be verified is on the detector side.

NUCLEAR FIXED GAUGE WORK PERMIT

NOTIFICATION: You are being notified of work on or around nuclear fixed gauges that will be commencing in your work area on the following date.

Plant	Date	Expected Duration

AREA OF WORK: The nuclear fixed gauge in the following area, will be handled as per SPI #34-36 Guidelines for Handling of Nuclear Gauges.

The following workers have been authorized to test and close the device in your area.

NOTE: All handling of the nuclear gauges must be completed under the direct supervision on an Authorized Employee as per SPI #34-36 Guidelines for Handling of Nuclear Gauges.

DESCRIPTION OF WORK TO BE UNDERTAKEN: _____

AUTHORIZATION: The Radiation Safety Officer (or alternate) will grant authorization to commence activities after upon receipt and review of this Permit.

RADIATION SAFETY OFFICER (signature): _____

DISTRIBUTION: Bulletin/Tag Boards, Safety Supervision, Environment & Health, Control Room

Other: _____

Area Supervision: _____