# Medical Isotope and Cyclotron Facility (MICF) Record Form

**Title**: CLEARANCE TO WORK APPROVAL FORM  
**Document Code**: RF-FAC-012-2.v01  
**Supersedes**: NEW  
**Reference SOP**: SP-FAC-012  
**Effective Date**: May 12, 2016

## SECTION 1 – Proposed Actions (to be completed by Work Requestor)

<table>
<thead>
<tr>
<th>Work Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment/Item(s) affected</td>
</tr>
<tr>
<td><strong>Form Submission Date</strong> (Mmm dd, yyyy)</td>
</tr>
<tr>
<td><strong>Work Order No.</strong> (if applicable)</td>
</tr>
</tbody>
</table>

### Detailed Description of Proposed Action

(Please describe in detail the work to be performed including all systems and equipment affected)

Location (including room number): __________________________  
- [ ] Restricted  
- [ ] Semi-restricted  
- [ ] Unrestricted  

*Reminder*: F&O does not have swipe card access to restricted spaces. Access to restricted spaces must be pre-arranged with MICF staff independent of this form.

### Reason(s) for Action

(Please include a brief description of the reasons the work must be performed)

**Work Start Time & Date** (hh:mm, Mmm dd, yyyy)  
**Duration of work**

**Contact Name**  
**Contact Phone Number**

**Contact E-mail Address**  
**Signature**

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**QA B.S.**
### SECTION 2 – APPROVAL BY OTHERS
(to be completed by MICF personnel)

#### Approval by AHS

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Approved by**

(Name)  
(Signature)  
(Date (Mmm dd, yyyy))

**Conditions:**

#### Approval by RSO or Designate

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Approved by**

(Name)  
(Signature)  
(Date (Mmm dd, yyyy))

**Conditions:**

- Perform radiation safety verification in ____________________________ (location)
- Conditions for work requestor?  
  Yes  
  No
- Conditions for room occupants?  
  Yes  
  No

#### Approval by Operations Director or Designate

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Approved by**

(Name)  
(Signature)  
(Date (Mmm dd, yyyy))

**Conditions:**