



## APPENDIX B

### APPLICATION FOR USE OF RADIATION PRODUCING EQUIPMENT

The Environmental Health, Safety, and Risk Management Department (EHSRM) is required by state law to register each radiation producing equipment or device. This includes x-ray machines, electron microscopes, bone densitometers, and atomic absorption – radioactive materials are licensed through this department under separate rules (see Part Two of this manual).

The primary Authorized User is the person who will be responsible for the safe use of the radiation producing equipment. EHSRM requires advanced notification of intentions to dispose of or transfer the equipment.

**Submit the completed form to EHSRM by campus mail (box 6113) or fax to: 468-7312.**

Please complete the following:

1. Name and position (professor, staff etc.) of applicant: \_\_\_\_\_
  2. Department: \_\_\_\_\_
  3. Building name and room number where the machine will be located: \_\_\_\_\_
  4. Campus Mail Box #: \_\_\_\_\_
  5. Lab and office telephone numbers: \_\_\_\_\_
  6. Email address: \_\_\_\_\_
  7. Type of device (e.g. analytical X-ray, diffraction X-ray, Densitometer): \_\_\_\_\_
  8. Machine manufacturer: \_\_\_\_\_
  9. Machine model number: \_\_\_\_\_
  10. SFA inventory control tag number: \_\_\_\_\_
  11. Machine serial number: \_\_\_\_\_
  12. Maximum kVp of the device: \_\_\_\_\_
  13. Maximum mA of the device: \_\_\_\_\_
  14. Number of x-ray tubes (zero, one or two): \_\_\_\_\_
  15. Indicate what interlocks or safety devices are engineered into the device. \_\_\_\_\_
16. Describe the intended use of the machine. (Student teaching/demonstration, analytical, research, diagnostic etc.): \_\_\_\_\_
17. Describe the training and experience of the individual in item one with regard to the use of this type of equipment. \_\_\_\_\_
18. Provide a sketch of the room or lab with equipment placement indicated. Indicate occupational uses of nearby areas. Attach the sketch on a separate page.
19. List names of others authorized to use this equipment. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
RSO Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head Approval: \_\_\_\_\_ Date: \_\_\_\_\_