

RPR 2C. RADIATION MACHINE USE APPLICATION

(X-RAY MACHINES, PARTICLE ACCELERATORS AND SEALED-SOURCE IRRADIATORS NOT TO BE USED ON HUMANS)

PERSONNEL: Responsible User: _____ UNID: _____

Attach a list of all individuals (faculty, staff, students) who will work with the same machine, including full names and UNID numbers. Unless a current record is on file with the Radiological Health Department, attach "RADIATION USER TRAINING & PERSONAL DATA" form (RPR 1A) for each listed individual.

LOCATION: Building: _____ Room Number: _____

MACHINE: For all analytical x-ray machines, accelerators, irradiators, etc. complete the following:

Type: _____

Manufacturer, Model & Ser. No. _____

Radiation survey meter; Make & Model: _____

All applicants must attach the following:

- Description of the machine, including safety devices, interlocks, warning lights, shutter indicators (open-closed) x-ray tube status (on-off).
- Description of the facility where the machine will be used, including shielding, security arrangements, etc.; include diagram of layout as appropriate.
- Step by step operating procedures to be used by all personnel while operating equipment.
- Outline of instruction to be given to all users addressing items such as possible hazards, significance of safety devices, operating procedures, symptoms of acute localized exposure, and procedures to be followed in reporting suspected or actual exposure. (No person will be permitted to use equipment without this instruction.)

I have read the University's Radiation Safety Manual and understand the conditions and regulations contained in it. With respect to the requested radiation sources and proposed uses, I acknowledge and accept the responsibility for:

- (a) radiation protection instruction for all involved personnel;
- (b) acquisition of the equipment, supplies and/or services necessary for radiation protection;
- (c) notification of the RSO of any accident or abnormal incident;
- (d) arranging for authorization of another individual to assume the preceding responsibilities, or to suspend or terminate all radiation uses, prior to any extended absence.

Signature of Responsible User: _____ Date: _____