

# RPR 2C. RADIATION MACHINE USE APPLICATION

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

**PERSONNEL:** Responsible User: \_\_\_\_\_ Soc Sec # \_\_\_\_\_ UNID: \_\_\_\_\_

Attach a list of all individuals (faculty, staff, students) who will work with the same machine, including full names and social security 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: \_\_\_\_\_

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# RPR 2C-CL. ANALYTICAL X-RAY MACHINE CHECKLIST

## **PORTS AND SHUTTERS**

Unused ports on radiation source housing shall be secured in the "closed" position in a manner that will prevent casual opening, i.e. without the use of tools

Yes No NA

On equipment installed after November 1983, open beam units shall have ports equipped with a shutter that cannot be opened unless a local component has been connected

Yes No NA

## **OPERATING REQUIREMENTS**

Are written operating procedures available to all users of x-ray equipment?

Yes No NA

## **PERSONNEL REQUIREMENTS**

Have all persons who operate the x-ray equipment received the training for analytical x-ray users provided by the RSO and on-the-job instruction and demonstrated adequate knowledge of:

radiation hazards associated with use of equipment;

Yes No NA

significance of radiation warning and safety devices;

Yes No NA

operating procedures;

Yes No NA

symptoms of acute localized exposure; and

Yes No NA

procedure for reporting actual or suspected exposure?

Yes No NA

### **Personnel Monitoring**

For open-beam systems, have personal monitoring devices (ring badges) been issued?

Yes No NA

If "Yes", are they used in compliance with University requirements?

Yes No NA

## **RADIATION SURVEY EQUIPMENT**

### **Radiation survey meter(s) available at facility:**

Make/Model: \_\_\_\_\_ Ser. No.: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Ser. No.: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completion, send this checklist with the Radiation Machine Use Application to:  
Radiological Health Department, 75 S 2000 E, Room 322**

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