

**APPLICATION TO USE MACHINES THAT PRODUCE IONIZING RADIATION**

**1. Responsible User:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**2. Type of Application:**

(New, Modified) machine and/or facility. (circle one)

**3. Individuals Authorized to Use This Machine:** (each individual must complete a UCR "Statement of Training and Experience, General" form)

<u>Name</u>	<u>DOB</u>	<u>Social Security #</u>
_____	/ /	- -
_____	/ /	- -
_____	/ /	- -
_____	/ /	- -

**4. Location of Machine:**

Bldg: \_\_\_\_\_ Rm #: \_\_\_\_\_

**5. Description of Machine/Facility:** (unless the machine is designed to enclose the radiation source during operation, include a floor plan that indicates all required safety features)

Type of Machine: \_\_\_\_\_

Use of Machine: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model#: \_\_\_\_\_ Mfg. date: / /

UCR Inventory #: (if applicable) \_\_\_\_\_

**6. Operating Conditions:** (include "Operating Procedure" with application)

a) Maximum Operating Parameters: (kVp, mA, time) \_\_\_\_\_

b) Normal Operating Parameters: (kVp, mA, time) \_\_\_\_\_

c) Exposure to "primary" radiation during routine operation is (likely, unlikely).

If likely explain: \_\_\_\_\_

d) Exposure to "primary" radiation during non-routine operation (e.g., setup, service) is (likely, unlikely). If likely, explain: \_\_\_\_\_

e) "Use log" will be utilized: \_\_\_\_\_ (Yes, No)

If yes, include sample copy

If no, explain why: \_\_\_\_\_

7. **Monitoring Instruments/Equipment:**

Available in immediate area? (yes, no).

If yes, identify:

Mfgr: \_\_\_\_\_ Model: \_\_\_\_\_ Type of detector: \_\_\_\_\_

If no, explain why: \_\_\_\_\_

8. **Certification:**

Operation of this machine will be conducted in accordance to conditions in the UCR Radiation Safety Manual, and the information and procedures included with this application. New applications, modifications, or revisions should attach a safety protocol specifically designed for this equipment in its present configuration.

Applicant: \_\_\_\_\_ Date / /

Department Chairman: \_\_\_\_\_ Date / /

9. **Approval:**

RSC/RSO: \_\_\_\_\_ Date / /