RSO-4 Application for the Possession and Use of Radiation Producing Machines

Directions: This application is to be completed by approved Authorized Users or those persons applying for Authorized User status (RSO-3). Complete the form, sign, and send to the Radiation Safety Officer (Environmental Health and Safety Office, Spong Hall 2501). Upon review by the Radiation Safety Committee, the applicant will be notified of approval or the need for more information. This authorization to possess and use radiation producing equipment expires two years from the date of approval. **Applicant** Department Date Office Building Room Phone **Location of Proposed Use:** Lab Building Room Phone **Application Type:** New Renewal Amendment **Radiation Producing Equipment:** Machine X-Ray (Medical) X-Ray (Dental) X-Ray (Analytical) Other Type Manufacturer Model No. Serial No. Number of Tubes Maximum Potential (kVP) Maximum Current (mA) Type of Beam Closed Open Is equipment portable? Yes No Last Inspection Date: Name of Inspector: Has the device been registered Yes VDH Registration # No with the Virginia Department of Health?

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| Description (Provide a thorough description of the radiation producing equipment. Include safety and operating procedures. Attach additional pages if necessary.) | | | | | | |
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| Attach a description of the use protocol involving the radiation producing machine. | | | | | | |
| Will humans be used in proposed protocol? | Yes | No | | | | |
| Will animals be used in proposed protocol | Yes | No | | | | |
| Facilities (Attach a floor plan of areas where radiation producing equipment will be used. Describe primary and secondary shielding, and/or protective barriers, if applicable. Include adjacent areas where individuals may be present during operation of equipment, including spaces above or below. Include room numbers.) | | | | | | |
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| Security (Describe security measures designed to prevent unauthorized persons from operating the radiation producing equipment). | | | | | | |
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| Radiation Safety: D | Describe the warning devices such as lights or audible alarms that indicate when the | | | | |
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| machine is producing radiation. Also, describe safety features (such as interlocks) that are included in the | | | | | |
| radiation producing | g device. | | | | |
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| Training: Describe | the minimum training that operators and associated personnel must have to operate the | | | | |
| machine. | | | | | |
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| Davagement, /List all | novement who will use the machine. Rediction Sefety Offices shall be notified of shources | | | | |
| | persons who will use the machine. Radiation Safety Officer shall be notified of changes | | | | |
| in personnel) | | | | | |
| Principal User: | | | | | |
| Others: | | | | | |
| Others. | | | | | |
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| | Describe any radiation detection instrumentation you plan to employ during machine | | | | |
| usage. Include a de | escription of how surveys will be performed and/or documented. | | | | |
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Certification: The signature below affirms that the applicant has read and will comply with the rules, regulations, and procedures of Old Dominion University's Radiation Safety Program. The applicant accepts responsibility for maintaining current knowledge of those rules, regulations, and procedures, including responsibility for the actions of persons working under his/her authorization. Any changes to the information in this application will be reported to the Radiation Safety Officer in a timely manner.

Signature

Date

| Radiation Safety Committee Use (| Only | | |
|----------------------------------|------|--|--|
| Approval / RSO | | | |
| Approval / Chair | | | |
| Approval / Member | | | |
| Date Application Approved | | | |
| Dosimetry Required | | | |
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| Conditions of Application | | | |
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