

**APPLICATION FOR AUTHORIZATION TO USE X-RAY EQUIPMENT AT THE UNIVERSITY OF RHODE ISLAND**  
(PLEASE TYPE)

<b>PURPOSE OF THIS APPLICATION</b>  (CHECK ONE)	<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> RENEWAL APPLICATION
	<input type="checkbox"/> AMEND EXISTING APPLICATION	<input type="checkbox"/> RENEWAL APPLICATION WITH REVISIONS

NOTE: COMPLETE FORM NUC-1 IF YOU WISH TO USE RADIOACTIVE MATERIALS.

**INDIVIDUAL WHO WILL BE RESPONSIBLE FOR USE OF THE X-RAY EQUIPMENT (THE "AUTHORIZED USER")**

NAME \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ PHONE NO(S) \_\_\_\_\_  
 UNIVERSITY MAILING ADDRESS \_\_\_\_\_  
 UNIVERSITY JOB CLASSIFICATION OF APPLICANT \_\_\_\_\_

NOTE: NORMALLY ONLY MEMBERS OF THE ACADEMIC FACULTIES WILL BE APPROVED AS AUTHORIZED USERS OF X-RAY EQUIPMENT. THIS INCLUDES INDIVIDUALS HOLDING THE JOB TITLES OF PROFESSOR, ASSOCIATE PROFESSOR, ASSISTANT PROFESSOR, AND INSTRUCTOR. REQUESTS FOR EXCEPTION TO THIS POLICY MUST BE FULLY JUSTIFIED IN WRITING AND WILL BE CONSIDERED ON A CASE BY CASE BASIS.

**2. NAME OF INDIVIDUAL WHO WILL BE RESPONSIBLE FOR ENSURING RADIATION SAFETY IN THE ABSENCE OF THE AUTHORIZED USER**

PRINT \_\_\_\_\_ INITIALS OR SIGNATURE \_\_\_\_\_

**3. APPROVAL IS REQUESTED FOR USE OF THE FOLLOWING X-RAY EQUIPMENT**

TYPE	MANUFACTURER	MODEL	MAXIMUM OPERATING VOLTAGE (kVp)	MAXIMUM OPERATING CURRENT (mA)	NORMAL OPERATION	
					kVp	mA

SUBMIT THREE COPIES OF THIS FORM, TOGETHER WITH ANY ATTACHMENTS TO -  
 RADIATION SAFETY OFFICE  
 Box 33  
 NARRAGANSETT BAY CAMPUS

4. **IN THE SPACE BELOW, LIST EACH INDIVIDUAL WHO WILL BE WORKING WITH THE X-RAY EQUIPMENT UNDER THIS AUTHORIZATION. A COMPLETED STATEMENT OF TRAINING AND EXPERIENCE MUST BE ATTACHED FOR EACH INDIVIDUAL.**

NAME	SOC SEC NO	DATE OF BIRTH	UNIV JOB CLASSIFICATION	DATE COMPLETED RADIATION SAFETY TRAINING

NOTE: **EACH** INDIVIDUAL WORKING WITH X-RAY EQUIPMENT INCLUDING AUTHORIZED USERS SHOULD ATTEND OR REVIEW THE RADIATION SAFETY COURSE BEFORE STARTING WORK WITH THE X-RAY EQUIPMENT.

5. **IN THE SPACE BELOW, LIST THE PLACE(S) WHERE THE X-RAY EQUIPMENT WILL BE USED OR STORED UNDER THIS AUTHORIZATION, INCLUDE BUILDING, ROOM NUMBER(S), AND X-RAY UNIT**

BUILDING	ROOM NUMBER	X-RAY UNIT (MANUFACTURER & MODEL)

6. IN THE SPACE BELOW, LIST AND DESCRIBE YOUR PROPOSED USE OF EACH X-RAY UNIT. BE AS DETAILED AS POSSIBLE. INCLUDE A DESCRIPTION OF ANY SPECIAL PROCEDURES WHICH YOU AND YOUR STAFF WILL FOLLOW TO ENSURE THE SAFE USE OF THE X-RAY EQUIPMENT UNDER THIS AUTHORIZATION.

Empty space for listing and describing proposed use of X-ray units and special procedures.

TYPED NAME OF INDIVIDUAL SUBMITTING APPLICATION

SIGNATURE OF APPLICANT

DATE