

APPLICATION FOR USE OF RADIATION PRODUCING EQUIPMENT

(One application per machine type, please type or print clearly. Check boxes as appropriate.)

New Project Existing Project (_____): New Machine New Protocol

Responsible Investigator _____ PhD Other _____
Beyond Baccalaureate

Clemson Identification Number C _____ Date of Birth ___ / ___ / _____

Office Address _____ E-Mail Address _____@clemson.edu
Room Building

Phone Numbers: Office _____ Lab _____ Cell _____ Fax _____

University Position & Academic Rank _____ Department _____

New applicant Currently or previously authorized at Clemson, project number(s) _____

Person to contact about this application _____ Phone _____ E-Mail _____

TRAINING AND EXPERIENCE OF RESPONSIBLE INVESTIGATOR

New applicants must include a completed Form R-002, *Training and Experience of Radiation Project Responsible Investigator*. Applicants who have previously filed a training and experience form must complete the training form only when documenting a significant change in training or experience.

Training and experience previously submitted Form R-002 attached

TYPE OF EQUIPMENT THAT WILL BE USED

One type of equipment per application form. For each unit, complete and attach an equipment profile (Form R-007A) or equivalent documentation.

Electron Microscope Cabinet X-Ray Unit Human Use X-Ray Unit (specify) _____

X-Ray Diffraction X-Ray Fluoroscopy Veterinary X-Ray Unit (specify) _____

Other _____

METHOD OF ACQUISITION

Machine(s) will be acquired from a vendor

Machine(s) will be acquired from the following institution _____

Machine(s) will be acquired from another Clemson Project, _____

Shared machine(s) already in use by: Clemson Project _____

LOCATIONS OF USE

EQUIPMENT SERIAL No	ROOM	BUILDING	DEPARTMENT/SECTION WITH ADMINISTRATIVE CONTROL OF THIS ROOM

PROTOCOL OF USE: Provide a detailed description of the work that will be conducted with radiation producing equipment described in this application. Attach additional pages if necessary.

OPERATING AND EMERGENCY PROCEDURES

Operators must be provided with written operating and emergency procedures. The operating procedures should describe the permitted uses of the equipment and the safety precautions that need to be taken during use. Emergency procedures should include the phone number of the Radiation Safety and the names and phone numbers of the project personnel that should be called in the event of a malfunction or accidental exposure. Attach a copy of the operating and emergency procedures for the equipment listed in this application.

EQUIPMENT OPERATORS

All personnel who will be using the equipment **MUST** be approved and listed on the project authorization documents. If you are establishing a new project, this will be covered during the review of your application(s). Existing projects should refer to their current project authorization document or ask Radiation Safety Officer for a list of the currently approved personnel. Personnel who are not listed can be added by submitting Form R-008, *Request to Add an Individual to an Analytical X-Ray Equipment Project* or Form R-009 *Request to Add an Individual to a Medical or Veterinary X-Ray Project*.

RADIATION SAFETY PRECAUTIONS THAT WILL BE EMPLOYED

Personnel Monitoring and Protective Measures

- Project personnel will wear whole body personnel radiation monitors when appropriate.
- Project personnel will wear ring dosimeters whenever their hands are in close proximity to the x-ray beam.
- Project personnel will wear lead aprons, thyroid shields, leaded glasses, or leaded gloves when appropriate.
- Other as follows: _____

Machine Security

All radiation sources must be secured against unauthorized use when laboratories are unoccupied. Select at least one of the following choices.

- ALL entrances to rooms containing radiation producing equipment will be locked when unoccupied.
Or
- The equipment will be kept locked when personnel are not present and the key will not be readily accessible to unauthorized personnel.
Or
- Other as follows: _____

RADIATION SHIELDING AND OTHER SAFETY EQUIPMENT CURRENTLY AVAILABLE

- Personnel: Lead Aprons Thyroid collars Lead gloves Leaded Glasses
- Area: Lead curtains Portable shielding Other _____
- Veterinary: Animal restraints or positioning devices
- Other: _____

RADIATION MONITORING EQUIPMENT AVAILABLE

- Survey Meter(s): None _____
- GM counter Ion Chamber Other _____ Make _____ Model _____ S.No. _____
- GM counter Ion Chamber Other _____ Make _____ Model _____ S.No. _____
- GM counter Ion Chamber Other _____ Make _____ Model _____ S.No. _____

CERTIFICATION OF RESPONSIBILITY

Responsible Investigator

I will be responsible for all radiation producing equipment that is acquired under my authorization. Radiation producing equipment will be used in accordance with the *Clemson X-Ray Safety Manual* which I have in my possession and in accordance with the conditions of authorization that will be issued to me. I shall require all personnel working under my authorization to adhere to the requirements of the Manual and the conditions of authorization.

Signature _____ Date _____

Department or Unit Head

I accept administrative responsibility for ensuring compliance with the requirements of the X-Ray Safety Manual and conditions of authorization when they are issued.

Signature _____ Date _____

PERMISSION TO USE RADIATION PRODUCING EQUIPMENT IN ANOTHER DEPARTMENT

If radiation producing equipment will be used or stored in any area that is under the administrative control of another department or unit, permission must be obtained from the head of that department or section.

I approve of the use of radiation producing equipment in my department or unit as described in this application.

Department/Unit _____ Signature _____ Date _____

Department/Unit _____ Signature _____ Date _____

SUBMISSION AND PROCESSING OF APPLICATIONS

Submit completed applications to the Occupational and Environmental Safety. Your application will be reviewed by the Radiation Safety Officer (RSO). RSO will contact applicant to schedule proposed site visit and discuss application. Application will be referred then for approval by the Clemson Radiation Safety Committee.

Please do not write below this line, for use by Radiation Safety only.

Date Application received: _____

Project Number Assigned: _____

Protocol Number Assigned: _____

Date Application Referred to RSC: _____