

## RADIATION PRODUCING EQUIPMENT PROFILE

New Application       Previously Approved Project # \_\_\_\_\_

CONTROL UNIT INFORMATION							Check all that apply for each x-ray unit								
Location	Control Manufacturer	Control Model	Control Serial #	Date Installed	Number of Tubes	Fixed (F) or Mobile (M)	Diffraction	X-Ray Fluorescence	X-Ray Fluorescence Handheld	X-Ray Gauge	Electron Microscope	Spectrograph	Cabinet X-Ray	Radiographic	Other (Specify Below)
1															
2															
3															

Other: \_\_\_\_\_  
\_\_\_\_\_

LIST EACH UNIT'S TUBE INFORMATION					
	Location	Tube Manufacturer	Tube Model	Tube Serial Number	Date Installed
1					
2					
3					

VENDOR X-RAY EQUIPMENT PURCHASED FROM					
	Name	Street Address	City, State, Zip	Phone	Registration #
1					
2					
3					

Responsible Investigator: \_\_\_\_\_ Date \_\_\_\_\_