

REQUEST TO ADD AN INDIVIDUAL TO AN ANALYTICAL X-RAY EQUIPMENT PROJECT

Permission to use analytical x-ray equipment must be granted in advance by the Radiation Safety. If you are not listed in the most recent project authorization document issued to the project, complete this form and submit it for approval to the Radiation Safety.

_____ / ___ / _____ C _____ @clemson.edu
First Name Middle Initial Last Name DOB Clemson ID email

Academic Degree(s): PhD Other beyond baccalaureate _____

IMPORTANT: Enter your initials in the boxes for items 1, 2, 3, and 4.

1.
Initials I have read and agree to follow the requirements of the Clemson's *X-Ray Safety Manual*.
2.
Initials I have read the project authorization documents and will comply with the conditions of authorization.
3.
Initials I have received instructions on operation and emergency procedures that I must follow for the specific work that I will perform with the X-ray producing equipment.
4.
Initials I have completed the Initial Analytical X-Ray Safety Training at Clemson.

Applicant's Signature _____ **Date** _____

The Responsible Investigator agrees to provide additional instruction to this individual as necessary to ensure that work will be performed safely in accordance with the conditions of the authorization.

Project # _____ **Responsible Investigator's Signature** _____

For Radiation Safety Use Only – Please do not write below this line

The applicant is approved to work under this Radiation Project.

RSO _____ Date _____