



AUTHORIZATION TO USE X-RAY EQUIPMENT FOR NON-HUMAN USE



This form must be completed and submitted to the Radiation Safety Office (RSO) prior to operating x-ray equipment.

Personnel Information

Applicant Name (Last, First, MI.): _____		Post-nominal title: <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other: _____	
Over 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>	Position: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Technician <input type="checkbox"/> Graduate <input type="checkbox"/> Other: _____		
E-mail: _____	Phone: _____	Department: _____	

Previous Training & Operational Experience

I have previous x-ray radiation safety training obtained at _____ in ____ (Year).

I have experience operating x-ray equipment at _____ in ____ (Year).
Name of Institution

X-ray equipment used (type, mfg, model) _____.

Current Authorization Request for X-ray Equipment

Equipment to be used: Analytical - CT - Fluoro - Cabinet - Other: _____.

Manufacturer/Model	Equipment Location (Bldg/Rm)	Equipment Department/Owner

- I have reviewed Radiation Safety Training for Fluoroscopy in Research.¹
- I have passed the Radiation Safety Exam with a score of at least 80%.
- I have reviewed the operating instructions & general procedures for the specific equipment.
- I have received hands-on instruction in operation of the specific equipment from _____.²

Applicant Statement of Compliance

I certify that all the above information is correct, that I have reviewed the x-ray or fluoroscopy safety training (as applicable), and that the individual noted above has provided hands on instruction in operation of the equipment.

Signature: _____

Date: _____

Radiation Safety Office Use Only

Radiation Safety Approval: _____	Signature: _____	Date: _____
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¹ Non-physicians operating fluoroscopic machines only.

² Training by manufacturer rep or previously authorized individual. Verify if department/owner requires specific trainer.