

**OFFICE OF RADIATION SAFETY SERVICES
APPLICATION FOR AUTHORIZATION TO USE RADIATION PRODUCING MACHINE
(Radiographic / Faxitron / Fluoro / CT / XRD / EM)
FOR NON-HUMAN USE**

ITEM 1:

Item 1 (a)

This Application is for	New License
	Renewal
	Amendment
In-vitro (mention cell line)	
In-vivo (IACUC approval #)	

Item 1 (b)

Principal Investigator	
Title	
Department/School/Institution	
Address	
Office Telephone Number	

Item 1 (c)

Type of Machine(s) in which radiation producing machine will be used:		
MSB Irradiator	CC Irradiator	ICPH XRD
MSB c-arm Fluoroscope	RSDM CBCT	SEM/TEM/STEM
MSB Radiographic	RSDM microCT	Cabinet X-rays
MSB Faxitron	RSDM Dental Machine	Other

Location in which radiation producing machine will be used (Room Number):

Item 1 (d)

Please provide name, title of all individuals who will be operating (O) the radiation producing machine, or assisting (A) with its operation, under this authorization:				
ROLE (O or A)	NAME	TITLE	DEPARTMENT	E-Mail/Ph.#

ITEM 2:

Training: Please provide a list of training including date(s) and institution(s) where training was received, for all individuals who will be involved in the use of radiation producing machines:

NAME	TITLE OF COURSE & INSTITUTION	DATE/YEAR

NOTE: *If any operator (O) or operator assistant (A) did not attend the specific radiation safety training at RBHS-Newark, please contact Office of Radiation Safety Services, at 2-5305. They shall not participate until after training has been completed.*

ITEM 3:

Experience: Please describe any previous experience - a brief description of the procedures performed, and institution(s) and date(s) where experience was gained.

ITEM 4:

Item 4 (a)

Brief overview of intended/proposed research as applicable. Include a list all parameters of the machines such as Bureau of X-ray Compliance Registration number of the machine, kVp, mA, exposure time (sec), absorbed dose or entrance skin exposure, attenuators, shielding, interlocks, dosimeters, etc. as applicable.

Item 4 (b)

Specify the radiation safety precautions that will be taken to ensure that all exposure will be as low as reasonably achievable (ALARA).

Time:

Distance:

Shielding:

- Lead apron
- Thyroid collar
- Leaded glasses
- Leaded gloves
- Leaded curtains
- Mobile lead barrier

ITEM 5:

The signature below affirms that the applicant has read and agrees to comply with, the policies and procedures set forth by the Rutgers Biomedical and Health Sciences-Newark Campus Radiation Safety Committee.

Signature of the PI

Date:

If you have any questions, please contact RBHS-Newark Radiation Safety Office at 2-5305.