

**Application for Use of Radiation-Generating Equipment**  
**Wright State University Radiation Safety Office**

Facility User:	Location:	Dept.	Phone:
E-mail:	Use with: Human Research <input type="checkbox"/> No <input type="checkbox"/> Yes IRB# _____ Approval Date _____		
Use with: Animal Research <input type="checkbox"/> No <input type="checkbox"/> Yes AUP# _____ Approval Date _____			
Use with: Biologicals <input type="checkbox"/> No <input type="checkbox"/> Yes IBC# _____ Approval Date _____			
Other investigators or Users (attach form RSO2)*:			
Other individuals Involved*:			

Machine Type:	Model:	Manufacturer:	Serial #:	Year:
Radiation(s) Produced:				
Survey and Monitoring Equipment:				

\*Indicate the date that the following training requirements were completed: (Attach additional information or use back, if needed)

Individual's Name	Status (**FU/FO/MED/Other)	**RGE Safety Training (Date/**RSO Initials)	Machine-Specific Training (Date/**FC Initials)	X-ray Hazard Instruction (Date/**FC Initials)

**Purpose and/or objectives of the study:**

Briefly describe the study. Please address procedures, safety precautions, handling of animals (if applicable), and other pertinent information. Attach additional information or pages or use the back, as needed:

I understand that this information is subject to inspection by the Ohio Department of Health. The information will be maintained and used by the Radiation Safety Committee as required by state regulations. Release of this information for other use requires my written authorization if I am personally identified.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Facility Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Radiation Safety Officer \_\_\_\_\_ Date \_\_\_\_\_

Chair, Radiation Safety Committee \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Abbreviations:**

FC: Facility Coordinator

FO: Facility Operator

FU: Faculty User

MED: Medical Operator

RGE: Radiation-Generating Equipment

RSO: Radiation Safety Officer