



# APPLICATION FOR USE AUTHORIZATION RADIATION-GENERATING EQUIPMENT UNIVERSITY RADIATION SAFETY OFFICE

PROTOCOL # \_\_\_\_\_

Faculty Operator: _____	Department: _____
Office Phone: _____	Dept. Chair: _____
After Hours Phone: _____	Location of Use: _____
Email: _____	
Project Title: _____	
Facility Coordinator: _____	Date: _____ <small>Month / Day / Year</small>

Will other operators be listed on this Use Authorization?     Yes     No

**I. General Information** – Use additional pages if needed

Use location(s): \_\_\_\_\_ Storage location(s): \_\_\_\_\_

A. Use Authorization includes:                      Yes    No

- Human subject use:                                      IRB Protocol(s) No.: \_\_\_\_\_ Date Approved: \_\_\_\_\_
- Animal use:    AUP Protocol(s) No.: \_\_\_\_\_ Date Approved: \_\_\_\_\_
- Radioactive material:                                      RSC Protocol(s) No.: \_\_\_\_\_ Date Approved: \_\_\_\_\_
- Biological agents:    IBC Protocol(s) No.: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**B. Radiation Generating Equipment**

Equipment Type	Manufacturer	Model	Serial Number	Year	Radiation Type Produced

**C. Survey and monitoring equipment needed (select all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Geiger-Mueller meter       | <input type="checkbox"/> Ion chamber meter | <input type="checkbox"/> Personal pocket dosimeter    |
| <input type="checkbox"/> Whole body badge dosimeter | <input type="checkbox"/> Ring dosimeter    | <input type="checkbox"/> Liquid scintillation counter |
| <input type="checkbox"/> Gamma counter              | <input type="checkbox"/> Other: _____      |   |



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**II. User Information and Training**

A. List all operators and training dates including information for the applicant:

**Operator 1:**

Name:	UID:
E-mail:	Applying for status of:
WSU Radiation Safety Training Date:	Machine-Specific Training Completion Date:
Month / Day / Year	Month / Day / Year

\_\_\_\_\_  
Operators Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Operator 2:**

Name:	UID:
E-mail:	Applying for status of:
WSU Radiation Safety Training Date:	Machine-Specific Training Completion Date:
Month / Day / Year	Month / Day / Year

\_\_\_\_\_  
Operators Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Operator 3:**

Name:	UID:
E-mail:	Applying for status of:
WSU Radiation Safety Training Date:	Machine-Specific Training Completion Date:
Month / Day / Year	Month / Day / Year

\_\_\_\_\_  
Operators Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Operator 4:**

Name:	UID:
E-mail:	Applying for status of:
WSU Radiation Safety Training Date:	Machine-Specific Training Completion Date:
Month / Day / Year	Month / Day / Year

\_\_\_\_\_  
Operators Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

To add additional operators please use Form RSO2 and attach to this application.



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**III. Administrative Procedures & Description of Project**

Describe each of the following below. Attach operating procedure protocol used for each piece of equipment.

<b>Design &amp; purpose:</b>	
<b>Any limits to operations:</b>	
<b>Training requirements: (including non-users)</b>	
<b>Responsible parties and responsibilities of each:</b>	
<b>Security:</b>	
<b>Safety interlocks and warning devices:</b>	
<b>Good safety practices:</b>	



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<b>Dosimetry requirements:</b>	
<b>Radiation detectors available for use:</b>	
<b>General safety concerns:</b> (i.e. electrical, noxious gases, lifting)	
<b>Maintenance, repairs, system alternations, lock out/tag out procedures:</b>	
<b>Emergency procedures:</b>	
<b>Checklists for startup, operation, shutdown, testing interlocks and warning devices:</b>	



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IV. Required Signatures

Sign and obtain the Facility Coordinator's signature. Submit this form for provisional approval to:
Radiation Safety Office
Health Sciences Bldg., Room 104

By signing this document, the applicant agrees to abide by the rules and regulations of the State of Ohio and Wright State University's Radiation Safety Program. The applicant is responsible for the safe use and security of the radiation generating equipment by all authorized personnel listed in this protocol.

Signature lines for Applicant, Facility Coordinator, Radiation Safety Officer, and Chair, Radiation Safety Committee, each with a corresponding Date line.

RSO USE ONLY:

To the Radiation Safety Committee:

After extensive review, I recommend provisional approval of this Use Authorization application pending the final approval of the Radiation Safety Committee.

Signature lines for Radiation Safety Officer and Chair, Radiation Safety Committee, each with a corresponding Date line.