UNIVERSITY OF DELAWARE  
APPLICATION FOR ANALYTICAL X-RAY EQUIPMENT UTILIZATION

Permit Supervisor:      Permit Number:
Department:       University Address:
Phone No. Work/Home:      Email Address:

1. List all X-ray Personnel and their Status (A= Authorized User, T= Trainee):

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
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A Statement of Training and Experience form must be completed by all personnel listed above using x-ray producing equipment.

2. A description of each x-ray unit to be authorized must be attached.

3. Describe the portable radiation survey instrument that is present in the facility to monitor radiation fields:

4. Provide a brief description of the research that will be conducted under this Permit:

5. List any conditions placed on use:
   i) Radiation dosimeters will be worn by workers when operating x-ray equipment
   ii) Radiation emergencies and safety system malfunctions will be promptly reported to Environmental Health and Safety.
   iii) Environmental Health and Safety will be notified prior to equipment modification or re-location.
   iv) Workers will receive safety training from Environmental Health and Safety prior to x-ray work.

6. Certification:

I certify that I have read and shall comply with the Delaware Radiation Control Regulations and University regulations pursuant to the use of analytical x-ray equipment. I shall also comply with any special conditions listed above. I agree to notify the Department of Environmental Health and Safety two weeks before any change in personnel or proposed use of analytical x-ray equipment.

Signature of Applicant ___________________________ Date __________

Wf 0817
### Description of X-Ray Producing Equipment Used Under Permit ____________

<table>
<thead>
<tr>
<th>X-ray Unit No.</th>
<th>Name of Company</th>
<th>Model Number</th>
<th>Serial Number</th>
<th>Manufactured Date (if known)</th>
<th>Maximum kVp &amp; mA</th>
<th>Device Location (Building/Room)</th>
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### Explanation

- **Name of Company:** The name of the company that manufactured the x-ray unit.
- **Model Number:** The specific model of the x-ray unit.
- **Serial Number:** The unique identifier for the specific unit.
- **Manufactured Date (if known):** The date the unit was manufactured.
- **Maximum kVp & mA:** The maximum kilovoltage peak (kVp) and milliamperage (mA) of the unit.
- **Device Location (Building/Room):** The location where the x-ray unit is installed.