

UNIVERSITY OF DELAWARE
APPLICATION FOR ANALYTICAL X-RAY EQUIPMENT UTILIZATION

Permit Supervisor:
Department:
Phone No. Work/Home:

Permit Number:
University Address:
Email Address:

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

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

DESCRIPTION OF X-RAY PRODUCING EQUIPMENT USED UNDER PERMIT _____

X-ray Unit No. _____

Name of Company	
Model Number	
Serial Number	
Manufactured Date (if known)	
Maximum kVp & mA	
Device Location (Building/Room)	

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Model Number	
Serial Number	
Manufactured Date (if known)	
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