

## APPLICATION FOR USE OF RADIATION X-RAY MACHINES

Hold mouse over text field or check box for instructions. Contact Radiation Safety personnel at [radsafe@okstate.edu](mailto:radsafe@okstate.edu) if you have questions about completing this form.

### APPLICANT INFORMATION

Name:

Department:

University Mailing Address:

Campus Phone:  After Hours Phone:

Laboratory Room and Building:

### ALTERNATE EMERGENCY CONTACT INFORMATION

Name:

Campus Phone:  After Hours Phone:

### X-RAY INSTRUMENT INFORMATION

Manufacturer:  Model:

Serial Number:

Maximum Power Capabilities:  kV  mA

Normal Working Power Settings:  kV  mA

X-ray Use:  Enclosed or Open Beam:

If "Other," please explain:

Is machine portable?  Will machine be used off campus?

Is applicant the primary custodian of the machine?

If "No," please give the name of the primary custodian:

A copy of the User's Manual must be maintained in the Radiation Safety Office. Please select the appropriate option:

**USE OF X-RAY INSTRUMENT**

**X-RAY INSTRUMENT OPERATION**

- X-ray machine start-up, use, and shut-down procedures are attached, and a copy of instructions will be maintained near the control panel of the instrument for user reference.

**X-RAY SAFETY FEATURES**

- I understand that x-ray machine interlocks and other safety features must never be over-ridden without express written permission from the Radiation Safety Officer (hand-held units used in a stand as described in manual excepted).

**MACHINE SPECIFIC TRAINING**

- Machine Specific Training Attached (See [Training](#) website for more information).

**X-RAY SECURITY**

**EXPECTED X-RAY EXPOSURE TO USERS OF THE INSTRUMENT**

Is instrument designed to fully enclose x-ray beam and scatter radiation?

I understand that Radiation Safety personnel must survey any x-ray machine that has undergone alignment or other maintenance procedures that involve removing, replacing, or repositioning of the x-ray tube before the instrument can be operated by me or my trained users.

**PRINCIPAL INVESTIGATOR CERTIFICATION**

X-ray principal investigators (PIs) agree to be responsible for all aspects of x-ray instrument use in their laboratory. They are required to take the PI Responsibilities training offered by the Radiation Safety Office, and understand that work in their laboratory must comply with OSU’s [Institutional Radiation Safety Policy](#), applicable OSU x-ray licenses, as well as state and federal regulations.

Other helpful links/documents:

Radiation Safety [Forms and Documents](#)

[Becoming a Principal Investigator](#)

Radiation Safety [Training Requirements](#)

Radiation Safety [Dosimeter Billing Policy](#)

Radiation Safety [X-ray Machine Program](#)

By signing below you agree to use the x-ray machine as described in this application and understand that, if approved, you are authorized to use only the indicated x-ray machine as described and in the location(s) described in this application.

PI Signature:

Date:

FOR OFFICE USE ONLY
<b>Date of RSC Approval:</b>
<b>Signature of RSC Chairperson:</b>
<b>Signature of RSO:</b>