**APPLICATION TO USE RADIATION-PRODUCING MACHINES**

(Revised: June 2020)

THE UNIVERSITY OF TEXAS AT AUSTIN

Environmental Health AND Safety

RADIATION SAFETY OFFICE

SER 202, Mail Code C2600

512-471-3511

This form shall be completed and returned to the Radiation Safety Officer (RSO). It is strongly suggested that an electronic draft be submitted to the RSO for review and comment prior to signing. Only upon notification of approval shall use of the radiation-producing machine be permitted. Please submit this form electronically. Hand-written forms will not be accepted.

1. Name, department, campus address, phone number, and email of person (PI, senior staff, or facility manager) responsible for possession and use of radiation-producing machines:
2. Address of laboratory or place of use and storage, if different from 1):
3. Provide two contacts for the laboratory including daytime and afterhours phone numbers:
4. Name, UTEID and title of individual(s) who will use and supervise the use of the radiation-producing machines:
5. Applicant’s previous permits, authorizations or equivalent obtained under a state license or registration:
6. Radiation-producing machines for which authorization is desired. Be specific. For each machine, specify the manufacturer, model number, control panel serial number, maximum mA, maximum kV, and typical operating amperage and voltage:
7. Describe proposed uses for each radiation-producing machine identified in item 6):
8. Describe procedures which will ensure radiation doses to faculty, staff and students are kept **As Low As Reasonably Achievable** (ALARA) (This applies only to open-beam configurations or when safety features are defeated or bypassed):
9. Describe personnel training and experience. Include, at a minimum, individual(s) identified in item 3):
10. For open-beam machines only, provide the following information:
    1. type and number of radiation detection instruments available for radiation surveys:
    2. proposed personnel monitoring devices:
    3. describe radiation survey procedures and record keeping of survey results:
    4. clearly identify location of use and describe facilities to be used. Include a detailed sketch of the location with this application:

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Applicant’s Signature Date

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Radiation Safety Officer’s Signature Date