

APPLICATION FOR USE OF X-RAY or RADIATION PRODUCING DEVICES

A. Principal Investigator (P.I.)

Name _____ Department _____

University Address _____ Telephone _____

University e-mail _____

B. Alternate P.I.

Name _____ Department _____

University Address _____ Telephone _____

University e-mail _____

C. Lab Supervisor

Name _____ Department _____

University Address _____ Telephone _____

University e-mail _____

D. Authorized Personnel

Attach a table of all personnel who will have access and work with x-ray or radiation producing devices, including the P.I. Include education, training, and laboratory experience:

Name	Education	Rad Safety Training	Lab Experience
Ex. Bob Smith	MS – 1999	ISU XRay – 2012 ISU XRay - 2011	8 yrs radioactive materials 10 yrs biological materials

E. Facility Information

Building _____ Room Number _____ Proposed Use _____

Building _____ Room Number _____ Proposed Use _____

Building _____ Room Number _____ Proposed Use _____

Attach floor plans of the rooms to be used. Show location of hoods, sinks, lab benches, optical tables, windows, and proposed equipment set up. Provide a description of floor and bench top materials.

F. X-ray or Radiation Producing Device Use Procedures

Proposed use of machine _____

Attach material use SOPs. Information should include: experimental procedure, diagrams, equipment, safety precautions, radioactivity, human use, bio-hazardous materials, periods of use etc.

Will this application seek approval for an academic course? Yes No

ISU Course Number _____

Will this application seek approval to provide services to other clients? Yes No

How will this device be used? Research Medical Procedure Non-destructive evaluation

G. X-ray or Radiation Producing Device Information

All open beam X-ray devices require Iowa Department of Public Health construction design approval prior to installation. EH&S will submit the plans for IDPH approval.

Equipment Description _____

Manufacturer _____ Model Number _____

Serial Number _____ Year of Manufacturer _____

For x-ray device

Maximum mA _____ Maximum kVp _____

H. Safety Protocols

Attach safety protocols making sure to comment on the safety elements as outlined in the Radiation Safety Manual (lab specific training, shielding, security, methods of detection, emergency procedures, etc.)

I. Approval

Authorization will be granted when applicable safety training and medical surveillance has been completed.

We certify that we have reviewed the applicable safety manuals (ISU Radiation Safety Manual, X-ray Systems Manual), the Lab Safety Manual, and that this application is in accordance with Iowa State University policies and regulations.

Applicant _____ Department Head _____

Send one copy to Environmental Health and Safety, 2408 Wanda Daley Drive, or fax (515) 294-9357 or [email](#)
Retain one copy for your files.