

**X-RAY or RADIATION PRODUCING DEVICES AUTHORIZATION APPLICATION**

**A. Principal Investigator (P.I.)**

Name \_\_\_\_\_ Department \_\_\_\_\_  
University Address \_\_\_\_\_ Telephone \_\_\_\_\_  
University Email \_\_\_\_\_

**B. Alternate P.I.**

Name \_\_\_\_\_ Department \_\_\_\_\_  
University Address \_\_\_\_\_ Telephone \_\_\_\_\_  
University Email \_\_\_\_\_

**C. Lab Supervisor**

Name \_\_\_\_\_ Department \_\_\_\_\_  
University Address \_\_\_\_\_ Telephone \_\_\_\_\_  
University Email \_\_\_\_\_

**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                | Laboratory Experience                                      |
|---------------|-----------|------------------------------------|--|
| Ex. Bob Smith | MS – 1999 | ISU XRay – 2012<br>ISU XRay - 2011 | 8 yrs radioactive materials<br>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 device use SOPs. Information should include: experimental procedure, diagrams, equipment, safety precautions, planned or expected human or animal exposure, biohazardous 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 (IDPH) 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 X-Ray Safety Manual (laboratory specific training, shielding, security, methods of radiation 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 [X-Ray Safety Manual](#) and [Laboratory Safety Manual](#), and that this application is in accordance with Iowa State University policies and rules.

Applicant \_\_\_\_\_

Department Head \_\_\_\_\_

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