



Section 1: PI/Researcher Information

Application Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment			Application Date:
End-User Name:	College:	Department:	
Office Location:		Phone:	
Email:		Fax:	
Emergency Contact #1:	Phone:	Email:	
Emergency Contact #2:	Phone:	Email:	

Section 2: Authorized Users

Name	Job Title	Years of Experience Working with X-Ray Machines

Section 3: Personnel Training

Name	Description of Formal Training with X-Ray/Radiation Producing Equipment	Completed X-Ray Training?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No



In the space below, describe the lab specific operator training that will be provided to the end-users of the X-ray device.

Section 4: X-Ray Equipment Specifications

Type:	Manufacturer:	Model:	Serial #:
Maximum Voltage: kV	Operating Voltage: kV	Maximum Current: mA	Operating Current: mA
Anticipated Workload: hours per week			

NOTE: Prior to the purchase and installation of any radiation producing equipment, please complete the Equipment Purchase Safety and Facilities Review Request Form and submit to ehs@kennesaw.edu. EHS will conduct a hazard assessment to determine any required control measures for installation and operation of the equipment. The request will then be reviewed by the Radiation Safety Committee to authorize the use of the equipment and room.

Section 5: Proposed X-Ray Equipment Use

In the space below, provide the title of the project and a description of the use of the equipment, including the purpose and goals of the project:

Section 6: Location of X-Ray Equipment

Campus	Building	Room Number



Section 7: Security

Radiation producing equipment must be secured from unauthorized use. In the space below, describe these security measures (e.g., restricted room access, computer password, secured/hidden device key, etc.).

Section 8: Radiation Safety Precautions

In the space below, describe the following:

- 1. Any shielding of the X-ray device and the room.**
- 2. Any default safety mechanism(s) in the design of the X-Ray device which will reduce the likelihood of personnel exposure.**

Section 9: Explanation of Procedures

In the space below, describe the standard operating procedure for the use of the x-ray device. Include details, including (not limited to) how to turn on the device, sample preparation, loading/unloading the device, etc.

Procedure is attached

Also include a description of safety precautions and emergency procedures to follow if the device is found to be malfunctioning or leaking.

Procedure is attached



Section 10: Radiation Survey Equipment

If you own or have access to any radiation survey equipment, complete the information below:

- | | |
|------------------|------------------|
| 1. Manufacturer: | 2. Manufacturer: |
| Model #: | Model #: |
| Probe(s): | Probe(s): |
| Last Calibrated: | Last Calibrated: |

Section 11: Equipment Use Log

Records for each use of the X-Ray device must be kept and made available for review. The records should include the name of the operator, date of use, starting time, ending time, total time, maximum voltage (kV) and maximum current (mA). The logbook can be kept on paper, on the computer connected to the device, on a central server, or any combination of these. In the space below, describe how the logbook for this device will be kept.

Section 12: Signatures

As the individual responsible for this project, I confirm that the information contained in this application is true and accurate and, to the best of my knowledge, conforms with the requirements described in Chapter 111-8-90: Georgia Rules and Regulations for X-Ray, the KSU Radioactive Materials Program, and the KSU Radiation Safety Committee Policies and Procedures. I confirm no changes will be made to the permit status, procedures, or approved work areas described in the approved version of this application without prior written notification to and approval by Kennesaw State University's Radiation Safety Committee. I understand that failure to comply with any of the aforementioned requirements may jeopardize KSU's standing with the Georgia Department of Community Health and my privileges to maintain a permit to operate X-Ray equipment.

Name of Researcher:

Signature of Researcher: _____

Date: _____