



UNIVERSITY AT ALBANY

State University of New York

Office of Environmental Health & Safety
Chemistry Building, Room B-73
Tel. (518) 442-3495
Fax (518) 442-3783

Application for Use of Radiation Producing Equipment

Please fill in all highlighted fields. Use additional pages as necessary. Print and sign this application and return with applicable attachments to EH&S.

Name _____ Position/Title _____

Department _____ Office / Lab Location _____

Phone #'s _____ E-Mail _____

Describe the Radiation Producing Equipment to be used.

List any Radioactive Sealed Sources to be used with the equipment.

List room(s) where Radiation Producing Equipment and/or sources will be used and stored, and methods of safeguarding equipment and radioactive material.

List ALL individuals who will be using radioactive material or equipment under your supervision:

Name/Title	Position	Department	Has the individual been trained and approved by the RSO (YES or NO)

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Describe the protocol for which the Radiation Producing Equipment will be used. Include the experimental design and objectives, the frequency of operation, operating parameters, and how the sealed radioactive sources will be handled. (Use additional sheets as necessary)

Describe the equipment and control devices to be used (i.e. safety interlocks, radiation shielding, fume hoods, personnel protective equipment, radiation monitoring meters, etc.).

Describe protective devices, precautions, and procedures employed to minimize personnel exposure. Explain how students using the equipment will be instructed in radioactive material safeguarding and exposure minimization.

STATEMENT OF UNDERSTANDING

I have read and understand the University's Radiation Safety Manual, and agree to abide by the rules and regulations set forth in the safety manual and Part 16 of the New York State Sanitary Code. I further understand that if I don't meet the responsibilities set forth, the Radiation Safety Committee has the authority to suspend my use of radioactive material and/or radiation producing equipment.

Print Name _____

Date _____

Signature _____