

 Environmental Health and Safety <small>UNIVERSITY OF CENTRAL FLORIDA</small>	Effective Date: 06/08/2018	Form Number: EHS_SOP402_FORM001 (Form RC-4)
TITLE: Radiation Machine Use Application	Responsible Authority: Radiation Safety Coordinator	

Note: Prior to acquiring any ionizing radiation-producing machine, this completed form must be submitted to the Radiation Safety Officer for review and final approval from the Radiation Safety Committee. Attach supplemental sheets if necessary.

A. Researcher Information (individual who will be responsible for the x-ray equipment)

Name: _____ Date: _____ Date Requested By: _____
UCF Title: _____ Bldg.: _____ Lab/Rm. No.: _____
Phone Extension: _____ Email: _____

B. Use Description

List the machine information and describe the type of machine, procedures and techniques to be used.

Mfr.	Model	Serial No.	Max. kVp	Max. mA

Accelerator
 X-ray Diffraction
 X-ray Fluorescence
 Cabinet X-ray
 Electron Microscope
 Other _____
Procedures and techniques

C. Staff

List the names of all individuals who will serve as Associate Investigators supervising the work of other radiation workers. Include an EHS_SOP400_FORM001 form for each person. **Note:** If at a later date, additional personnel seek become Associate Investigators under this application, an updated form must be submitted.

Name (First, Last)	PID	email	Bldg.	Rm. No.	Ext.

D. Location of Use/Storage

Location of use: _____ Location of storage: _____

E. Personal Protective Equipment

PPE to be used: _____
(Submit Form EHS_SOP336_FORM001 for _____
radiation badges) _____

PI Signature: _____ **Date:** _____

RSO Signature: _____ **Date:** _____