

Department \_\_\_\_\_

Expiration Date \_\_\_\_\_

**UNIVERSITY OF NORTH DAKOTA**

**APPLICATION FOR AUTHORIZATION TO POSSESS AND  
USE RADIATION PRODUCING MACHINES**

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**INSTRUCTIONS:** The complete form must be typed and forwarded to the Radiation Safety Officer. Those seeking authorization must be familiar with the requirements of the Radiation Safety Handbook of the University of North Dakota. Information contained in previous applications filed with the Radiation Safety Committee may be incorporated by reference, provided references are clear and specific. Use supplemental sheets where necessary.

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**DEPARTMENT** \_\_\_\_\_

- 1a. Name of Responsible Person(s)** \_\_\_\_\_  
Title of Responsible Person(s) \_\_\_\_\_  
Telephone number of Responsible Person(s) \_\_\_\_\_  
Building where Material will be used \_\_\_\_\_

**1b. Individuals Using or Supervising Students Using the Device:**

<i>Name</i>	<i>UND Title</i>	<i>Room #</i>	<i>Bldg</i>	<i>Telephone</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**2. User Qualifications:**

Training and experience of the individual(s) named in item 1a in the theory and use of this or similar devices, in the principles and practices of radiation protection, and in the biological aspects of radiation.

**3. Description of the device:**

- a. Type of device: \_\_\_\_\_
- b. Manufacturer: \_\_\_\_\_
- c. Mobility of the device: Stationary \_\_\_\_\_ Mobile \_\_\_\_\_
- d. Tube voltage (Max. Kvp): \_\_\_\_\_  
Tube Current (Max. mAmp): \_\_\_\_\_
- e. Tube Voltage (normal Kvp): \_\_\_\_\_  
Tube Current (Normal (mAmp): \_\_\_\_\_

**4. Room number and building where device will be located:**

Room No.: \_\_\_\_\_ Building: \_\_\_\_\_

**5. Describe the use of the device:**

Amount of time the device is expected to be on during the year: \_\_\_\_\_

**6. Description of area or room in which the device is used and safety features such as shielding, interlocks, flashing lights, etc. Include a description of available survey or monitoring instruments and/or techniques and personnel dosimetry or film badging policies:**

7. If your program includes the use of this radiation producing device for teaching or demonstration in academic courses and student exposure is anticipated, then the applicant must give the approximate number of students anticipated, the extent to which students will be operating the device, and health and safety instructions for students.

\_\_\_\_\_  
Signature of individual completing this application

\_\_\_\_\_  
Date:

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**TO BE COMPLETED BY THE RSO** (Acting on behalf of the Radiation Safety Committee) (Approval, Disapproval) to purchase or acquire the device.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of RSO