



## Marshall University Radiation Safety Office

### Application for use of Radiation Producing Devices

Applicant's Name: \_\_\_\_\_ <Full Name>

Date of Birth: <MM/DD/YYYY> MUID: \_\_\_\_\_ 901-

Division or Department: \_\_\_\_\_ < Department>

Office: \_\_\_\_\_ < Bldg. & Office # > Office Extension: \_\_\_\_\_ (304) 696-XXXX

Lab: \_\_\_\_\_ < Bldg. & Lab # > Lab Extension: \_\_\_\_\_ (304) 696-XXXX

Email: \_\_\_\_\_ <Use your Marshall Email>

I. Describe purpose for which the radiation producing device will be used. Give details of the procedure, using additional pages as necessary.

II. Facilities: Give a brief description of the facilities and attach a neatly drawn floor plan of the laboratory. Indicate on the plan the areas to be used for device usage or storage.

III. Describe your Radiation Protection Program: include methods for securing devices, personnel monitoring; shielding, location of labels, caution signs, 'Notice to Employees' (WV Form X); location of animal housing; etc. Use additional pages, as necessary.

IV. What are the potential hazards associated with the device(s) that you propose to use and the procedures that you will be using? What steps will be taken to minimize the hazards and ensure that radiation dosage is As Low As Reasonably Achievable.

V. Date you wish to begin using radiation producing device:

I, \_\_\_\_\_ <Full Name, Title>, am aware of WV Radiological Health Program regulations and University rules and regulations regarding use of radiation producing devices and I will abide by them.

Applicant Signature: \_\_\_\_\_

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

Date reviewed by the Radiation Safety Committee: \_\_\_\_\_

Date approved by the Radiation Safety Officer: \_\_\_\_\_

\_\_\_\_\_  
Radiation Safety Officer