



Marshall University Radiation Safety Office

Radiation Equipment

Type	Manufacturer /Model	Detector Type/Size	Window Dimensions	Radiation Detected (Scales and Units)	Useful Range	Last Date and Frequency of Calibration	Location	Number Available
Dose-Rate Measurement								
Dose Monitoring of Personnel								
Contamination Survey Meter								
Counting or Imaging								

Applicant Name: _____ < Full Name >

Date: _____ < MM/DD/YYYY >