

# APPLICATION TO USE RADIATION MACHINES

RADIATION SAFETY OFFICE  
 WASHINGTON STATE UNIVERSITY  
 Mail Code 1302  
 Telephone 335-8916

Complete this application, obtain approval from the administrator responsible for the facilities to be used, attach a Radiation Machine Registration for each machine, and submit the application and attachment(s) to the Radiation Safety Office at mail code 1302.

**1. This application is a:**

New Application                     
  Renewal                     
  Amendment

For renewals and amendments, enter the date the current authorization expires:

<b>2. Name</b>	WSU ID Number *	Office Telephone
	E-Mail Address	Lab Telephone
<b>3. Department</b>	Mail Code	Applicant's Office Building and Room Number

\* If no WSU ID number exists, the applicant is to use one of the following identification numbers, listed here in order of priority: (1) passport number, or (2) work permit number, or (3) six-digit number assigned by the Radiation Safety Office (RSO).

**4. Education, Training, and Experience** (Required for all authorizations.)

a. Educational Institution	Degree and Field	Dates Attended				
Type of Other Training	Training Locations	Training Dates	On the Job?		Formal Courses?	
			Yes	No	Yes	No
Principles and practices of radiation protection						
Radioactivity measurement and standardization						

**b. Radiation Safety Office Training** If you have received radiation safety instruction from radiation safety office personnel, specify the institution and dates of training.

	TRAINING DATES
WSU Radiation Safety Course (required)	
Other Institution (specify)	

**c. Describe your experience working with radiation machines of the type to be used.**

Radiation Machine Type	Location of Experience	Dates of Experience	Type of Use

5. **Date** you plan to begin work with radiation machines:

6. **Attach a copy of Safety Protocols and Procedures** for each machine's use.

7. **Describe any operational situations** which are **unusual** or deviate from the "normal" uses for which the machine is designed:

8. **Laboratory Personnel:** List all of the machine operators who will be working in your laboratory for whom you will be responsible in your capacity as the authorized user.

Name	Radiation Machines Safety Course Date Completed	Monitoring Device?		Name	Radiation Machines Safety Course Date Completed	Monitoring Device?	
		Yes	Application Attached			Yes	Application Attached

9. **Maintenance Personnel:** List all WSU personnel who will be performing maintenance on this equipment and their qualifications. If contract services personnel are involved, specify this information.

Name	Qualifications

10. **Signature:** The undersigned understands that this authorization is subject to the conditions specified by the Radiation Safety Committee and state of Washington rules and regulations (WAC246) and that the authorized user is responsible for compliance with such conditions by personnel working with radiation machines under his or her supervision.

Applicant Signature	Date
<b>X</b>	

**Attach a Radiation Machine Registration form for each machine you plan to use.**