

RADIATION MACHINE REGISTRATION

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

Complete a separate registration form for each machine.
 Attach completed registration form(s) to the Application to Use Radiation
 Machines and submit to the Radiation Safety Office.

MANUFACTURER:
MODEL #:
SERIAL #:
WSU PROPERTY INVENTORY #:
LOCATION (building and room number)

ATTACH A DIAGRAM OF EACH LOCATION OF USE

On the diagram describe the location and the facilities in which you will be using radiation machine(s). Describe appropriate shielding to be used, indicating type and amount of shielding in experimental areas. State the type of occupancy in adjoining laboratories, including radiation workers, other WSU personnel, and general public. Indicate those areas subject to the greatest risk of irradiation.

UNIT TYPE		
<input type="checkbox"/> X-ray Diffraction	<input type="checkbox"/> Veterinary X-ray	<input type="checkbox"/> Fluoroscopic
<input type="checkbox"/> X-ray Crystallography	<input type="checkbox"/> Radiographic	<input type="checkbox"/> CT Scanner
<input type="checkbox"/> X-ray Fluorescence	<input type="checkbox"/> Radiographic/Fluoro	<input type="checkbox"/> Flash X-ray System
<input type="checkbox"/> Electron Microscope	<input type="checkbox"/> Accelerator	<input type="checkbox"/> Other, describe
<input type="checkbox"/> Cabinet X-ray		_____

OPERATING CHARACTERISTICS		
Normal/Routine:	Maximum:	
Current (mA) _____	Current (mA) _____	
Voltage (kVp) _____	Voltage (kVp) _____	
Exposure Period _____	Exposure Period _____	
(Beam On time) _____	(Beam On time) _____	
Miscellaneous:		
Open Beam	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, describe on an attachment.
Automated Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, describe on an attachment.
Mobile or Portable Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, describe on an attachment.

SECURITY		
Key Switch <input type="checkbox"/> Yes <input type="checkbox"/> No	Area Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Other (explain):
Key Custodian (and telephone number):		