

Applications **must** be typed.

APPLICATION FOR THE NON-HUMAN USE OF RADIATION PRODUCING DEVICES

RSC # _____

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|---|--|--|
| 1. Responsible Investigator Name & Title: | | |
| Last: | First: | Middle: |
| Degree/Title: | | |
| 2. Department: Building: Room: Box #: | | Telephone #: Other contact #: Fax #: Email: |
| 3. Title of Study for this application: | | |
| 4. Expected duration of this project: | | |
| 5. Device(s) to be used for this study: | | |
| <input type="checkbox"/> ¹³⁷ Cesium Irradiator | <input type="checkbox"/> X-ray Machine | <input type="checkbox"/> Other (describe) |
| Manufacturer: | | |
| Model: | | |
| Location: | | |
| 6. Attach a description of the protocol for this experiment. Provide sufficient details to make possible an assessment of the radiation safety aspects of the procedures. Include technique (x-ray) or total dose to be delivered. Evaluate any radiation hazard to personnel and list all protective measures to reduce unnecessary exposure. List the names of all individuals who will be performing irradiation/radiographic procedures. Training of all operators is required by Radiation Safety and irradiator access information can be found at https://www.vcu.edu/oehs/radiation/T&Rforms.html. For x-ray equipment, include a diagram of the facility and any shielding present. For use of fluoroscopy equipment, operators may be required to wear personnel dosimetry. Contact Radiation Safety at 828-9131 for specific instructions. | | |
| 7. Has the applicant reviewed his/her responsibilities under 12 VAC 5-481 and the University's Radiation Safety Guide? | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If this application is approved, the authorization will apply only to the Responsible Investigator and specifically to the project described herein | | |
| Applicant's Signature | | Date |