**VCU RADIATION SAFETY OFFICE/EHS**

**APPLICATION FOR THE NON-HUMAN USE OF RADIATION-PRODUCING DEVICES/**

**SEALED RADIOACTIVE SOURCES**

RSC #\_\_\_\_\_\_\_\_

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| 1. **Responsible Investigator Name & Title:** **Last: First: Middle:** **Degree/Title:** |
| 2. **Department:**  **Building**:  **Room**:  **Box #:**  **Telephone #**: **Other contact #:** **Email address:** |
| 3. **Title of study for this application:** |
| 4. **Expected duration of this project?**  |
| 5. **Device to be used for this study (check one):** **X-ray Irradiator X-ray producing machine**  **Other (sealed source-describe)** |
| 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. For x-ray equipment include a diagram of the facility and any shielding present. SciShield Radiation Safety training is required. Contact Radiation Safety at 804-828-9131 for specific instructions.** |
| 7. **Has the applicant reviewed his/her responsibilities under 12VAC5-481 and the University’s Radiation Safety Guide? yes 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |