

APPENDIX J

APPLICATION FOR THE NON-HUMAN USE OF RADIATION PRODUCING DEVICES TO THE RADIATION CONTROL COMMITTEE

1. Principal Investigator: _____
Department: _____
Office Room Number: _____ Phone Number: _____
Lab Technician: _____ Phone Number: _____

2. Authorized user(s): _____ Job Title: _____

3. Information regarding the Principal Investigator and authorized user(s) basic training with the radiation producing device shall be forwarded to the Radiation Control Office at the time this proposal is submitted. Forms for submitting this information (RC-1X) are available from the Radiation Control Office, phone 392-7359.

4. Type of radiation producing device:
___a. Radioagraphic: max mA___ max kVp___
___b. Fluoroscopic: max mA___ max kVp___
___c. Cabinet
___d. Diffraction: max mA___ max kVp___
___e. Other (explain)
5. Use of radiation producing device:
___a. Veterinary medicine
___b. Research using animals
___c. Diffraction analysis
___d. Research other than above (explain)

6. Location of device:
Bldg.: _____ Room(s)_____

7. Describe the procedures for which the device will be used. Submit any locally generated standard operating procedures and safety instructions and confirm that an operator's manual is available at the unit. If factory installed safety interlocks must be bypassed during any use of the equipment, submit justification for bypassing the interlock.

8. Describe the facility in which the device will be used. Include shielding design for radiographic and fluoroscopic units and type of enclosure or shielding design for diffraction units. State if warning sign/lights are installed in or outside the facility and any protective equipment such as lead aprons or portable shielding.

9. Briefly describe personnel monitoring available.

Return original to the:

RADIATION CONTROL OFFICE
212 Nuclear Sciences Center / Box 118340

**UNIVERSITY OF FLORIDA
RADIATION PRODUCING DEVICE OPERATOR
STATEMENT OF CERTIFICATION, TRAINING, AND EXPERIENCE**

(To be completed by ALL personnel who will be working with x-ray machines at the University of Florida and Shands Hospital)

NAME: _____ DEPARTMENT: _____
CLASSIFICATION (Faculty, Technician, Student, etc.) _____

SUPERVISOR: _____ PHONE: _____

TYPE OF X-RAY MACHINE TO BE USED:

_____ Medical - Fluoroscopic _____ Dental
_____ Medical - Radiographic _____ Diffraction
_____ Industrial _____ Analytical
_____ Veterinary _____ X-Ray Irradiator
_____ Other _____

CERTIFICATION/LICENSURE (State of Florida):

_____ Basic X-ray Machine Operator _____ Dental Hygienist
_____ CRT-Radiographer _____ Dental Radiographer
_____ CRT-Computed Tomography _____ CRT-Therapy
_____ CRT-Nuclear Medicine _____ Other _____

Certificate/License Number: _____

Expiration Date: _____

NON-CERTIFIED/LICENSED INDIVIDUALS MUST COMPLETE THE REMAINDER OF THE FORM

RADIATION SAFETY AND X-RAY MACHINE OPERATION TRAINING			
SUBJECT	LOCATION	DATES	HOURS
Principles and Operation of X-ray machines _____ Preceptor _____ Formal			
Biological Effects of Radiation Exposure _____ Preceptor _____ Formal			
Radiation Safety _____ Preceptor _____ Formal			

X-RAY MACHINE OPERATING EXPERIENCE			
TYPE OF MACHINE	LOCATION	DATES	USAGE

Have radiation exposure records been maintained for you at another institution? YES NO

SIGNATURE _____ DATE _____

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DOCUMENTATION OF TRAINING FOR RADIATION PRODUCING DEVICE OPERATOR

NAME _____ DEPARTMENT _____

CLASSIFICATION (*Faculty, Technician, Student, etc.*) _____

TYPE OF X-RAY EQUIPMENT TO BE USED _____

PRINCIPAL INVESTIGATOR _____ PHONE _____

Check appropriate response:

_____ **Option 1: Radiation Safety Training Provided by Principal Investigator.**

<i>TYPE OF TRAINING</i>	<i>WHERE TRAINED</i>	<i>DATES AND DURATIO TRAINING</i>	<i>TRAINING PROVIDER</i>
A. <i>Principles and practices of radiation protection</i>			
B. <i>Significance of the radiation warning and safety devices incorporated into the equipment</i>			
C. <i>Operating and Emergency procedures</i>			
D. <i>Biological effects of radiation exposure</i>			
E. <i>Practical experience with the x-ray equipment to be used</i>			

_____ **Option 2: Radiation Safety Training provided by Radiation Control
Department.**

I have contacted the Radiation Control Office and have scheduled an in-service for the above individual.

_____ **Option 3: Radiation Safety Training provided by outside service.**

I will assure that the above individual will enroll in and attend the following course:

PI Signature

Date

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*RADIATION CONTROL DEPARTMENT - 212 Nuclear Sciences Center
Box 118340*