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| veritas  New  Amendment  Renewal  Transfer | | | **Harvard University**  **Application for a Permit to use X-Ray Devices**  Return to: Harvard University  Radiation Protection Office  46 Blackstone Street; Cambridge, MA 02139  Facsimile: (617) 496-5509 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized User: (Last) (First) (M.I.)  (Permit Holder) | | | | | | | | | | | | | | | | | | | | | Degree(s): | | | | | | | |
| Appointment: | | | | | | | School: | | | | | | | | | | | | | | Dept: | | | | | | | |
| Office Address: (Bldg.) (Room) (Street Address) (City) | | | | | | | | | | | | | | | | | | | | | | Telephone: | | | | | | |
| E-mail address: | | | | | | | | | | | | | | | | | | | | | | Facsimile: | | | | | | |
| Alternate Permit Holder: (Last) (First) (M.I.) | | | | | | | | | | | | | | | | | | | | | | Alternate's Telephone: | | | | | | |
| Alternate's e-mail address: | | | | | | | | | | | | | | | | | | | | | | Alternate's Facsimile: | | | | | | |
| Preferred Contact: (Last) (First) (M.I.)    Contact's Title (Laboratory Safety Officer, Admin, etc.): | | | | | | | | | | | | | | | | | | | | | | Contact's Telephone: | | | | | | |
| Contact's e-mail address: | | | | | | | | | | | | | | | | | | | | | | Contact's Facsimile: | | | | | | |
| ***SECTION 1: LABORATORY SPACES*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 1** | Building(s): | | | | | | | | | | | | | | | | Laboratory Room Numbers: | | | | | | | | | | | |
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| ***SECTION 2: X-RAY PRODUCING EQUIPMENT*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 2** | Manufacturer | | | | Model No. | | | | | | Serial No. | | | | | Operating Parameters  (KVp/Ma) | | | | | | | | Type of Use  (Analytical/Medical) | | | | |
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| ***SECTION 3: RADIATION DETECTION INSTRUMENTATION AVAILABLE TO THE LABORATORY*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 3** | *Liquid Scintillation Counters* | | | | | | | *Gamma Counters* | | | | | | | | | | | | *Survey Meters* | | | | | | | | |
| Manufacturer | Model Number | | | | Quantity | | Manufacturer | | | | | Model Number | | Manufacturer | | | | | Model Number | | | Probe Type | | | | | Quantity |
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| ***SECTION 4: AUTHORIZED USER'S FORMAL TRAINING*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 4** | Coursework or Seminars | | | | | | | | | Training Location(s) | | | | | | | | | Duration (hours) | | | | | | | Date(s) | | |
| *Principles of Radiation Protection* | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | |
| *Radioactivity Measurements and Detection* | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | |
| *Mathematics for the Use and Measurement of Radioactivity* | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | |
| *Radiation Biology* | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | |
| *Other:* | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | |
| ***SECTION 5: AUTHORIZED USER LABORATORY EXPERIENCE WITH X-RAYS*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 5** | Device | | | Procedure in which x-rays were used | | | | | | | | Name of Institution | | | | | | Duration of Experience (mos/yrs) | | | | | | | Date(s), beginning with most recent | | | |
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| ***SECTION 6: LABORATORY WORKERS USING X-RAY EQUIPMENT*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 6** | NAME: (Last, First, Middle Initial) | | | | | | | | Degree(s) | | | | | Harvard EH&S Radiation Safety Training (LAB101) Complete? (Y/N) | | | | | Harvard EH&S X-Ray Safety Training (LAB107) Complete? (Y/N) | | | | | | | | Lab x-ray experience  (hours) | |
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| ***SECTION 7: SPECIAL RADIATION CONCERNS / ADDITIONAL INFORMATION (if appropriate)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will x-rays be used with animals?  Yes  No  If yes, please include the Protocol Number from the Standing Committee on Animals \_\_\_\_\_\_\_  Will x-rays be used with any biohazardous materials?  Yes  No  If yes, please include the organism name \_\_\_\_\_\_\_\_\_ and COMS Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_  Will x-rays be mixed with any hazardous chemicals?  Yes  No  If yes, please include the name of the chemical \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***SECTION 8: CERTIFICATION AND SIGNATURE*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I have received, read, understand, and agree to follow the requirements of the Harvard University Radiation Safety Manual.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of the Applicant Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | |