

- 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.)			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 Telephone:		
Contact's Title (Laboratory Safety Officer, Admin, etc.):					
Contact's e-mail address:			Contact's Facsimile:		

SECTION 1: LABORATORY SPACES

SECTION 1	Building(s):	Laboratory Room Numbers:

SECTION 2: X-RAY PRODUCING EQUIPMENT

SECTION 2	Manufacturer	Model No.	Serial No.	Operating Parameters (KVp/Ma)	Type of Use (Analytical/Medical)

SECTION 3: RADIATION DETECTION INSTRUMENTATION AVAILABLE TO THE LABORATORY

SECTION 3	<i>Liquid Scintillation Counters</i>			<i>Gamma Counters</i>			<i>Survey Meters</i>		
	Manufacturer	Model Number	Quantity	Manufacturer	Model Number	Manufacturer	Model Number	Probe Type	Quantity

SECTION 4: AUTHORIZED USER'S FORMAL TRAINING

SECTION 4	Coursework or Seminars	Training Location(s)	Duration (hours)	Date(s)
	<i>Principles of Radiation Protection</i>			
	<i>Radioactivity Measurements and Detection</i>			
	<i>Mathematics for the Use and Measurement of Radioactivity</i>			
	<i>Radiation Biology</i>			
	<i>Other:</i>			

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

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)

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