

Authorization to Use X-Ray Producing Equipment

Virginia Tech EHS

Contact Information for Laboratory Authority

| | | | |
|--|---|--------------|------------|
| Name: | Office: | | |
| Email: | Department: | | |
| Phone: | Date: | | |
| Authorization Number: <small>(to be filled out by EHS)</small> | Healing arts use <i>(check if applies)</i> | <u>Human</u> | <u>Vet</u> |
| | Not in healing arts <i>(check if applies)</i> | | |

Equipment*

| Type** | Manufacturer | Model # | Serial # | kVP / mA <small>(max operating)</small> | Location |
|--------|--------------|---------|----------|--|----------|
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** should also use to add x-ray equipment to an existing Authorization*

*** for healing arts: general purpose, fluoroscopy, tomography, mammography, CT, dental, c-arm fluoroscope, digital*

*** not in healing arts: analytical open or closed, diffraction, cabinet, electron microscope, fluorescence, industrial gauge*
Note: if your type is not mentioned, please contact RSO for assistance

Authorized Personnel

| Name | Classification http://www.ehss.vt.edu/programs/XRA_equipment.php#310 <small>Principal, Operator (User), or Holder</small> |
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| | |

Applicant Signature

Date

Radiation Safety Officer

Date

Chairman, Radiation Safety Committee

Date