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| veritas [ ]  New [ ]  Amendment [ ]  Renewal [ ]  Transfer  | **Harvard University****Application for a Permit to use X-Ray Devices** Return to: Harvard UniversityRadiation Protection Office46 Blackstone Street; Cambridge, MA 02139Facsimile: (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: |
|       |       |
|       |       |
|       |       |
|       |       |
| ***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** | *Liquid Scintillation Counters* | *Gamma Counters* | *Survey Meters* |
| 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) |
| *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 |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| ***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 |