



APPLICATION FOR USE OF RADIATION PRODUCING DEVICES

Information on Individual User

Name: _____ Program: _____

Group Leader: _____ Safety Coordinator: _____

Ames Lab Address: _____ Telephone: _____

Personnel working on this Activity (Please include employee numbers):

Information on proposed activity

Provide a brief description of the proposed activity (State the purpose, procedures, list of equipment, activities of sources, safety precautions, etc. Also provide diagrams as necessary.)

Radiation-Producing Machine Information

Brief Description of Device(s): (Attach additional information as necessary.)

Equipment Description: _____

Manufacturer: _____ Model Number: _____

Serial Number: _____ Year Manufactured: _____

Maximum mA: _____ Maximum kV: _____

Facility Information

Building: _____ Room: _____

Building: _____ Room: _____

Attach plans of the laboratory layout. Show the locations of fume hoods, sinks, lab benches, etc. Show location/placement of proposed X-ray system. If necessary for the proposed usage, describe special features, such as thickness of walls and ceilings, occupancy of adjacent areas, beam path, etc:

Approval

Authorization is granted with ALARA Committee approval and finally through the Readiness Review process, with Safety Review Committee sign-off.

We certify that we have reviewed the Ames Laboratory Radiation Safety Manual, 10 CFR 835, and the Ames Laboratory Radiological Protection Program and that this application is in accordance with Ames Laboratory policies and regulations.

Applicant: _____ Group Leader: _____

Send one copy to Environment, Safety & Health, G40 TASF. Retain one copy for your files.

Approved by:

Radiation Safety Officer

Date

Chair, ALARA Committee

Date