



**3. X-ray Device Information**

List each x-ray device you intend to use.

Manufacturer	Model	Serial No.	Operating Parameters (kVp & mA)	Location	Type of Use (Medical or Research)

**4. Use of x-ray devices**

Describe the purpose(s) for which each x-ray device will be used, to include

- a. Experimental design
- b. Estimated number of experiments per month

You may attach a separate document that includes the above information if you require more space. If you, do, write "See attached" in the field below.

Has an x-ray shielding evaluation been performed for the x-ray use location areas?

Yes  No  N/A

**5. Lab Personnel**

Identify a lab manager (if not yourself) that will serve as a primary contact person for x-ray safety concerns in your laboratory.

Lab Manager Name	Email Address	Position	Duke ID Number

List the names of all other individuals (faculty, staff, students, etc.) who will work with x-ray devices in your laboratories.

Name	Position	Duke ID Number

**6. Applicant's Signature**

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Applicant's Signature	Date

7. Review and Approval

**FOR RSO USE ONLY**

Special conditions applicable to this Authorization.

Radiation Safety Officer Signature.

RSO Name (Print):	_____
RSO Signature:	_____
Date:	_____