DUKE UNIVERSITY AND DUKE MEDICAL CENTER APPLICATION FOR X-RAY AUTHORIZATION

This form must be typed or printed plainly. Email the completed form to OESO Radiation Safety at <u>radsafety@dm.duke.edu</u>. Retain a copy for your records.

If x-ray devices are to be used for research on humans, please contact the Radiation Safety Division for more information.

It is recommended that you review the Duke Radiation Safety Manual (available at the Duke OESO website) before completing this form to understand the requirements and responsibilities of an Authorized User (AU).

1. Applicant Identification

Please attach a current resume/CV to this application.

Name:	Office Building:
Department:	Office Room:
Faculty Rank:	Office Phone:
Duke ID Number	Email Address:

2. Applicant's Training and Experience with Radioactive Material

List any formal training in x-ray safety practices that you have received. Be sure to specify the type of training (e.g. X-ray production, principles of radiation protection, radioactivity measurement and detection, biological effects of radiation exposure etc.)

Type of Training	Institution and Dates	On the Job	Formal Course
		🗆 Yes 🗆 No	\Box Yes \Box No
		□ Yes □ No	□ Yes □ No
		□ Yes □ No	□ Yes □ No
		□ Yes □ No	□ Yes □ No
		□ Yes □ No	□ Yes □ No
		□ Yes □ No	□ Yes □ No

Provide information on type of device, where you worked with device and application of the device

Device	Procedure or experiment in which x-rays were used	Name of institution	Duration of experience	Date(s) beginning with most recent

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? \Box Yes \Box No \Box 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

Applicant's Signature

Date

Form Version 9/25/2023

7. Review and Approval

FOR RSO USE ONLY

Special conditions applicable to this Authorization.

Radiation Safety Officer Signature.

RSO Name (Print):	
RSO Signature:	
Date:	