

# The University of Tennessee

## Application for Possession and Use of X-ray Equipment

### I. Applicant Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Highest Degree Held: \_\_\_\_\_

Net ID: \_\_\_\_\_ Sex: \_\_\_\_\_ click to select \_\_\_\_\_

Office (Bld. & Rm.): \_\_\_\_\_ X-Ray Lab (Bld. & Rm.): \_\_\_\_\_

Office Ph.: \_\_\_\_\_ Lab Ph.: \_\_\_\_\_

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### II. Machine Information: Select the type of machine and provide the requested information

Type	Maximum Tube Voltage (kVp)	Maximum Tube Current (mA)
<input type="checkbox"/> Diagnostic X-ray		
<input type="checkbox"/> Diffraction Unit		
<input type="checkbox"/> Electron Microscope		
<input type="checkbox"/> Other (identify)		

### III. Description:

Manufacturer: \_\_\_\_\_

Machine Name: \_\_\_\_\_ Year Mfg.: \_\_\_\_\_

Model No.: \_\_\_\_\_ Tube Model No.: \_\_\_\_\_

Machine S/N: \_\_\_\_\_ Tube S/N: \_\_\_\_\_

### IV. Training and Experience: Provide relevant training, experience, and certification

Name	Where Training Obtained	Duration of Training	Certification

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**V. Intended Use:**

- The experimental objective and methodology to be used (include copies of known protocols if available).
- Describe if manual beam alignment will be necessary.
- Number of individuals with access to machine. Describe any security measures.

**SIGNATURE PAGE**

1-I have read and understand the topics contained in the Radiation Safety Training for X-ray Users. I will provide experiment specific training and discussion to my laboratory staff prior to their use of x-ray machines. I will ensure that all users have completed the required Radiation Safety Training for X-ray Users at The University of Tennessee:

\_\_\_\_\_  
(Signature & Date)

2-I will perform quarterly safety checks on my x-ray unit if required by the State of TN, Division of Radiological Health. I will insure that all individuals who use or around the x-ray unit are issued radiation dosimetry if required, or, a copy of the dosimetry exemption for the machine.

\_\_\_\_\_  
(Signature & Date)

3-I will ensure that x-ray producing machines are secured against unauthorized access. If the x-ray tube on my machine is replaced, if I move the machine, or get a new machine, I will contact Radiation Safety within 5 business days in order to update the State of TN machine registration form.

\_\_\_\_\_  
(Signature & Date)

**4-I verify that the information contained in this application is correct and accurate to the best of my knowledge:**

\_\_\_\_\_  
(Signature & Date)

5-Department Head must sign below indicating his/her approval of the application:

\_\_\_\_\_  
(Signature & Date)

I have reviewed this application, and all supporting documents, and I am authorizing the use of this x-ray machine as described:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Radiation Safety Officer