

INITIAL PERMIT APPLICATION FOR USE OF X-RAY MACHINES AND DEVICES

INSTRUCTIONS: Complete all items below, entering "NA" or "None" where applicable. Submit your completed document via email to the Radiation Safety Officer (RSO), in person to room B50J in the Clinical & Translational Science Center (CTSC, building 227), or via interoffice mail to MSC08 4560, attention Radiation Safety Officer.

Please contact the RSO at 505-272-5500 to report technical issues with this document and for assistance with your application.

# PRIMARY APPLICANT (PERMIT HOLDER)

Provide information for the proposed Permit Holder who will supervise the use and control of the x-ray machine(s)/device(s).

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| --- | --- | --- | --- |
| Name:  |   | Title:  |   |
| Department:  |  | Building:  |   |
| Office:  |   | Email:  |   |
| Phone:  |   | MSC:  |   |

# CO-APPLICANT (ALTERNATE PERMIT HOLDER)

Provide information for a faculty member or other qualified individual who will be responsible for the x-ray machine(s)/device(s) and supervision of authorized personnel in the absence of the Permit Holder.

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |   | Title:  |   |
| Department:  |   | Building:  |   |
| Office:  |   | Email:  |   |
| Phone:  |   | MSC:  |   |

# AUTHORIZED PERSONNEL

List all personnel (other than the primary applicant and co-applicant) who will be operating equipment, responsible for implementation of the proposed radiation safety procedures, and/or present in the restricted area where x-ray machine(s)/ device(s) will be used and/or stored. List additional authorized personnel on a separate attachment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title | Email | Phone | T&E Status\* |
|   |   |   |   |   |
|   |   |   |   |   |
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|   |   |   |   |   |

\*Training and experience (T&E) requirements are described in the UNM Radiation Safety Manual. Submit a Statement of Training and Experience for each individual named on this application or provide equivalent information as to the type, location, and duration of all previous training. Where appropriate, include copies of radioactive materials licenses and previous radiation permits as part of your application. All training and experience will be reviewed and verified prior to issuing a permit for use of ionizing radiation.

# AUTHORIZED LOCATIONS

List every location where registered x-ray machines and devices will be used and/or stored. List additional locations on a separate attachment.

| Building | Room Number | Type |
| --- | --- | --- |
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A shielding design may be necessary to demonstrate that walls, doors, floors, and ceilings provide adequate attenuation of external radiation levels to ensure safety to adjacent areas. Contact the RSO for more information and to obtain the necessary shielding design intake form(s).

# X-RAY MACHINES AND DEVICES

# Describe the x-ray machines and devices for which you are seeking permit authorization. List additional machines and devices on a separate attachment.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type | Stationary/ Mobile | Make | Model | Max kVp | Max mA | Object/Image to be Analyzed |
|   |   |   |   |   |   |   |
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|   |   |   |   |   |   |   |
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| DESCRIPTION OF USE | Describe the manner in which the equipment in the table above will be used for research, instruction, or for the healing arts. **Attach a brochure from the equipment manufacturer as well as any technical specifications sheets.** Please include appropriately-truncated written standard operating procedures as a separate attachment to your application. |
| This field is mandatory. |

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| FACILITIES - AUTHORIZED LOCATIONS | Describe any existing or planned structural features or engineering controls in the authorized locations that will mitigate radiation exposure to adjacent unrestricted or non-impacted areas (e.g. lead-lined walls, portable shielding, radiation directed below grade or into unoccupied spaces, etc.). **Provide a facility diagram as a separate attachment to your application that shows scale, direction, and all surrounding areas.** |
| This field is mandatory. |

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| FIELD WORK | Describe any proposed field work or activities with portable x-ray machines or devices to take place in facilities or areas not under the University of New Mexico's immediate control. |
| This field is mandatory. |

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| --- | --- |
| DETECTION AND INSTRUMENTATION – EXTERNAL EXPOSURES | Describe the portable survey instrument(s) and passive detector(s) that will be used to evaluate the magnitude and extent of radiation levels and identify potential radiological hazards in the proposed authorized locations as well as adjacent areas. |
| This field is mandatory. |

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| RADIOLOGICAL SECURITY | Describe how registered x-ray machines and devices will be secured against use or access by unauthorized individuals. |
| This field is mandatory. |

# ACKNOWLEDGMENT AND CERTIFICATION

By signing this form, Applicant and Co-Applicant certify that the information provided in this permit application is accurate and true to the best of his/her ability. Furthermore, Applicant and Co-Applicant agree to the following conditions in order to receive and maintain authorization to use and possess radiation-producing equipment as a Permit Holder and/or Alternate Permit Holder:

[ ]  Commit to providing and documenting adequate instruction to workers, to include function-specific training, so that each might successfully carry out assigned duties with only minimal risk of excessive occupational exposure to ionizing radiation.

[ ]  Report promptly to the Radiation Safety Officer any radiological hazards that might affect the safety of faculty, staff, and students of the University of New Mexico as well as all visitors and members of the public.

[ ]  Report promptly to the Radiation Safety Officer any noncompliant conditions that imperil the University's radioactive material licensure and otherwise good standing with local, state, and federal regulatory agencies.

Primary Applicant Signature and Date: Co-Applicant Signature and Date:

(Permit Holder) (Alternate Permit Holder)

