

**UNIVERSITY OF MARYLAND
RADIATION SAFETY OFFICE, COLLEGE PARK, MARYLAND
AUTHORIZATION APPLICATION FOR POSSESSION AND USE OF RADIATION
PRODUCING DEVICES**

*Complete this form to request an Authorization for a Radiation Producing Device.
(Upon Signatures Completion Scan and email to radiationsafety@umd.edu or send through
campus mail addressed to Radiation Safety, ESSR, Seneca Building Room 0103)*

Principal Investigator Information

1. Name of Principal Investigator:	
2. Telephone Number:	
3. Date:	
4. Department:	

Locations of Radiation Producing Devices

5A. Building Name:	
5B. Building Number:	
5C. Room Number:	

Device Information

6. Device Manufacturer:	
7. Output:	_____keV _____ mA
8. Model/Serial Number:	/

Equipment Use: (check one, add explanation for 'other')

9. Industrial _____ Research/Education/Training _____ Medical _____ Other _____ (explain) _____ _____

Radiation Hazard

10. Type of Radiation Emitted and hazard of each type (i.e. X-ray, Neutron, Beta...)

Method of Controlling the Hazard(s) in item 10.

11. Controls needed for each radiation hazard listed in item 10:

Radiation Detection Equipment available for use

12A. Type of Detector	12.B Make	12C. Model	12D. Serial No.

***Note: Radiation Detectors are calibrated and/or performance checked at least annually depending on the Make/Model and use of the detector. All exposure rate meters are calibrated for exposure on an annual basis.**

Security

13. How will you secure your device from unauthorized access and use:

Certification

14. What is the MDE machine number on your device:
***(this is the number on the red sticker on your device)**

Protocol for use of your device:

15. Brief description of the use of your device:

PLEASE PRINT

Authorized Users (last name, first name)

Supervised Users (last name, first name)

16.	

Principal Investigator and Department Chairperson Signatures		
PI Print Name, last, first	PI Signature	Date
Department Chair	Department Chair Signature	Date
Radiation Safety Office Only Below this line		
Health Physics Review	Signature HP	Date Completed
Radiation Safety Officer	Signature RSO	Interim Approval Date
Radiation Safety Committee	Approved / Pending/ Action Needed	Committee Date
RSO/RSC action required for any pending approval:		
Final Approval/Completion of pending item(s): _____date _____ Initialed		