



Application for Radiation Machine Approval Instructions

Section 1—Applicant Information

- Please fill out all entry blanks on in this section
- If you wish to have an Approval Safety Coordinator please designate this individual in the appropriate blank and provide an effective email address for this person.
- If you wish to be contacted first regarding questions about your Approval (such as for Audit scheduling) then please check the Approval Holder box in the Direct Questions To box. Otherwise check the Approval Safety Coordinator box if you wish your ASC to field such inquiries.

Section 2—Experience

- Please briefly detail your experience with Radiation Producing Machines as guided by the headings

Section 3—Training

- Please briefly describe any previous training you may have received for Radiation Producing Machines as guided by the headings.

Section 4—Research

- Please briefly describe the research you will be conducting under this Approval in the space provided.



**THE UNIVERSITY OF ARIZONA
APPLICATION FOR RADIATION MACHINE APPROVAL**

SECTION 1 APPLICANT INFORMATION

Approval Holder Name:					Position:
	First	MI	Last	Degree	
Department:				Approval Safety Coordinator:	
Office Phone:	Lab Phone:		Fax:		
Approval Holder e-mail:				Approval Safety Coordinator e-mail:	
Direct questions to:	<input type="checkbox"/> Approval Holder		<input type="checkbox"/> Approval Safety Coordinator		

SECTION 2 EXPERIENCE

System Description (Describe type of equipment and use)	Dates/Duration of Experience	Institution/Organization

SECTION 3 TRAINING

Institution/Organization	Radiation Machine Training (Course or On-The-Job) Course Title/Description and Duration

SECTION 4 BRIEF DESCRIPTION OF RESEARCH TO BE PERFORMED UNDER THIS APPROVAL

It is understood that the applicant named herein, upon approval of this application, assumes responsibility for the use and disposition of ionizing radiation producing machines assigned to him/her in strict compliance with the rules and regulations administered by the University Radiation Safety Committee/Medical Radiation Safety Committee and Research Laboratory & Safety Services of the University of Arizona. Under no circumstances may the applicant delegate this responsibility to any other person.

Further, the applicant is aware that any fines imposed on anyone working under the applicant's supervision or civil penalties levied by the any regulatory authority because of deficiencies in work being done under the applicant's Approval will be paid out of the applicant's departmental funds. (It is understood this authority is based upon a directive from the Vice-President for Research and Discovery.)

Signature: _____ Date: _____

FOR RLSS USE ONLY: APPROVAL #: _____ RLSS REVIEW _____ RGMPC REQUIRED? Y ___ N ___