

RadSafe 1B APPLICATION FOR POSSESSION AND USE OF RADIATION PRODUCING DEVICES

This form must be typed or printed neatly with black ink.

1 .Applicant Name		Date:	
Degree, Certifications Held:		UMKC Position: Full time__Other__-	
Department		School	
Preferred Notification:	<input type="checkbox"/> Email at:	<input type="checkbox"/> Office Phone#:_	
<input type="checkbox"/> Campus Mail at:_			
2. Designated Backup AU (optional):		Backup AU signature:	
3. Location(s) of use of source(s):		Lab phone:	
4. Device(s) to be used: Human Use: 1746____ NONhuman Use: 846____1746____			
NONHUMAN USE: (MO846) ___ xray diffraction, teaching/instruction ___ xray diffraction, research ___electron microscope, teaching/instruction ___electron microscope, research ___xray photoemission spectrometer, research ___Dental intraoral, Teaching/instruction ___other:		Health Physics Evaluation: Date Received:_____ Date Evaluated:_____ Registered:_____ Quarter reported to RSC:_____	
NONHUMAN/Veterinary use: (MO846) ___Vet/ CT ___ Bone densitometer(Piximus) ___Cabinet Xray location:_____ ___Cabinet Xray location:_____ ___RS2000 irradiator		HUMAN USE: (MO 1746) ___Bone Densitometer (DEXA unit) Research Dental intraoral ___ Clinical ___ clinical instruction ___ Research Dental panoramic___ clinical ___ clinical instruction ___ Research Dental CBCT, ___Clinical ___Research ___Clinical Handheld Dental intraoral ___State of KS handheld intraoral	
SIGNATURES _____ Other Reviewer(s) _____ Health Physicist / RSO		5. SIGNATURES _____/ Applicant/Date _____ Department Chairman or responsible user	

<p>6. Radiation-Producing Devices: If your device doesn't appear on the list in Section 4, please provide a description of the device (Manufacturer & model; serial number if you have the equipment) and current or proposed location:</p>	
<p>7. Plan for personnel monitoring and radiation protection:</p> <p><input type="checkbox"/> As per Handbook Procedures</p> <p><input type="checkbox"/> Special Procedures:</p>	
<p>8. Radiation Detection Instrumentation available: indicate if you own it or share it. Type of Instrument manufacturer model number serial number location own or share with....</p>	
<p>9. Calibration certificates for detection devices attached?</p> <p><input type="checkbox"/> no meters used</p> <p><input type="checkbox"/> meter(s)</p>	
<p>10. Describe any other special safety equipment available: (fume hoods, beta shields, shielded storage facilities, lead aprons, etc.)</p>	
<p>11. Purchasing Method(s) to be used (radioactive materials):</p> <p><input type="checkbox"/> Credit Card: Approval Form attached? <input type="checkbox"/>Y <input type="checkbox"/>N</p> <p><input type="checkbox"/> Purchase Requisition</p> <p><input type="checkbox"/> Other _____</p>	
<p>12. Straight line ruler sketch of laboratory:</p>	