Date Received:_____ Date Approved:_____ R&LSC #_____

UTSA Application for X-ray Use

IMPORTANT: All X-ray producing machines used at UTSA are required to have an approval from the Radiation & Laser Safety Committee and be registered through the Laboratory Safety Division (LSD) with the State of Texas. Safe device use and procedural compliance are the responsibilities of the Principal Investigator (PI). An approved application is required for each x-ray producing machine.

Date: _____ **PI:** _____ **Department:** _____

Building: _____ **Room:** _____ **PI's Phone Number:** _____

Specifications of X-ray Producing Machine to be Used

Manufacturer: _____ **Model#:** _____

Serial #: _____ **Type of Unit:** _____

Output

Maximum Voltage **(kV)** _____ **Maximum Current (mA)** _____

Normal Operating Voltage (kV) _____ **Normal Operating Current (mA)** _____

Check all that Apply

- ☐ **Manufacturers Operation Manual Availiable**
- ☐ **Beam On Indicators**
- ☐ **Shutter Open Lights**
- ☐ **Chilled-water cooled**
- ☐ **Interlocks**
- ☐ **Use of compressed gases** **Specify** _____
- ☐ **Involves high voltage applications** **Specify** _____
- ☐ **Survey Meter** **Manufacturer:** **Probe Type:**
- ☐ **Caution Signs and Labels**
- ☐ **Personal Dosimeters**
- ☐ **Lead PPE**
- ☐ **Portable**
- ☐ **Bone Densitometer**

X-ray Facility Location – List all rooms and other locations in which the x-ray equipment will be used or stored.

Will any of the following items be used in conjunction with the x-ray equipment?

Biohazards/ Infectious Agents ☐ Yes ☐ No If yes, list details below.

Hazardous Chemicals ☐ Yes ☐ No If yes, list details below.

Will the x-ray equipment be used on or with live animals?

☐ Yes ☐ No If yes, include details in Project Methodology section.

Approved IACUC Protocol Number _____

Species of Animal _____

Will the x-ray equipment be used on humans?

☐ Yes ☐ No If yes, include details in Project Methodology section.

Approved IRB Protocol Number _____

Purpose: Indicate the main purpose for using this equipment. Indicate the general types of experiments or analyses that will be done with the equipment.

Project Methodology: Outline the methodology of the project(s) emphasizing the safe use of the x-ray equipment. If additional space is needed, please attach additional pages.

Security Procedures: Outline precautionary procedure to prevent unauthorized use of the x-ray equipment. For portable units include procedure for prevention of theft.

Maintenance and Repair: Explain who is authorized to maintain and repair the unit.

Emergency Response: Provide your written plan for responding to an emergency. In case of an accident or known, or suspected, x-ray exposure, contact Radiation Safety Personnel at 458-6697 or contact UTSA Police at 458-4911.

Personnel Table (Including PI)				
Name	**myUTSA ID**	**X-ray Safety Training Date(s) ***	**Title or Student Classification**	**Dosimetry Training Date**

* **Include formal course (either UTSA or approved alternate) and site specific training.**

Required Attachments and Additional Questions

Note: Attach and Label each response to the following items with the corresponding number. If an item does not apply, then please check the *does not apply* box for that number.

1. User manual for this x-ray producing machine.
   ☐ **I have attached the manual.** ☐ **Does not apply.**

2. Additional pages for Project Methodology.
   ☐ **I have attached the pages.** ☐ **Extra pages were not necessary.**

With my signature, I certify that the provided information contained in this form is true and correct.

Required Signatures	
_____ Principal Investigator	_____ Date