

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

- |   |   |
|---|---|
| <input type="checkbox"/> Manufacturers Operation Manual Available         | <input type="checkbox"/> Caution Signs and Labels |
| <input type="checkbox"/> Beam On Indicators                               | <input type="checkbox"/> Personal Dosimeters      |
| <input type="checkbox"/> Shutter Open Lights                              | <input type="checkbox"/> Lead PPE                 |
| <input type="checkbox"/> Chilled-water cooled                             | <input type="checkbox"/> Portable                 |
| <input type="checkbox"/> Interlocks                                       | <input type="checkbox"/> Bone Densitometer        |
| <input type="checkbox"/> Use of compressed gases      Specify _____       |   |
| <input type="checkbox"/> Involves high voltage applications Specify _____ |   |
| <input type="checkbox"/> Survey Meter      Manufacturer: _____            | Probe Type: _____                                 |

**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 210-458- 6230 or contact UTSA Police at 210-458-4911.

