



RAS FORM 9

**APPLICATION FOR THE USE OF IONIZING RADIATION
PRODUCING MACHINES OR DEVICES**

1. Name of applicant (Authorized User): _____
2. Department where equipment will be used: _____
3. Type of machine: _____
4. Model number: _____
5. Manufacturer: _____
6. Rated kVp Max: _____
7. Fixed or mobile? _____
8. Rated mA Max: _____
9. Location and description of use: _____
10. Name and address of company that will install equipment: _____
11. Relative Applicant experience and training: _____
12. Available radiation detection instrument(s): _____
13. Attach a copy of proposed emergency and standard operating procedures.

All persons working with or near X-ray producing machines must wear radiation dosimetry. Apply for dosimetry service using UNC Charlotte RAS FORM 2.

If granted authorization to use radioactive materials on the UNC Charlotte campus, I agree to conform with the *Handbook for Radiation Safety* at the University of North Carolina at Charlotte, procedures established by the University Radiation Safety Committee and the University Radiation Safety Officer, and all applicable North Carolina and Federal regulations. I understand that if I do not comply with these requirements that I may lose the authorization granted by the State of North Carolina to use radiation producing machines or devices.

Applicant: Print: _____ Signature: _____ Date: _____

Radiation Safety Officer authorizes Applicant to utilize Radiation Producing Machines/Devices and certifies review of this RAS-9 Application:

Radiation Safety Officer: _____ Date: _____

