



**FIU**

**Environmental Health & Safety &  
Risk Management Services**

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## APPLICATION FOR PURCHASE OF RADIATION MACHINE (X-RAY)

To: University Radiation Safety Officer

1. Equipment

Equipment Description: \_\_\_\_\_

Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Maximum Voltage: \_\_\_\_\_ KV Maximum Current: \_\_\_\_\_ mA

X-ray Equipment when energized:

Leakage radiation at 1 meter from the target: \_\_\_\_\_

Maximum exposure rate in accessible area: \_\_\_\_\_

2. Name of Principal Investigator: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact number: \_\_\_\_\_

3. Place of use

Building: \_\_\_\_\_ Room: \_\_\_\_\_ Campus: \_\_\_\_\_

4. Purpose:  Use in current research

New research project (attach a detailed description of the project)

5. Have PI and users received Radiation Safety Training?  YES  NO

If Yes, When and Where: \_\_\_\_\_

If No, Have arrangements been made to complete training before start of use?

YES  NO Scheduled training date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By: \_\_\_\_\_  
RSO or Authorized Representative

\_\_\_\_\_  
Date: \_\_\_\_\_