

Application for Authorized User (AU) Status for Acquisition and Use of Radiation Producing Equipment

X-Ray Authorized Users Responsibilities:

1. I understand that as an Authorized User I shall provide direct supervision of all new Radiation Workers during radiation use until such time as I or my designee is confident that they can operate my x-ray generating device safely and competently.

2. I understand that as an Authorized User I shall provide training specific to the protocols in my lab and x-ray generating device.

3. I understand that as an Authorized User I shall designate in writing to the Radiation Safety Officer an alternate Authorized User to provide oversight of my radiation labs during a leave of absence greater than 60 days.

4. I understand that as an Authorized User I shall notify the Office of Radiological Safety in writing of my intention to terminate my Authorized User status at least 30 days prior to the proposed termination.

5. I understand that as an Authorized User I shall notify the Office of Radiological Safety in writing of my intention to move my x-ray generating device at least 30 days prior to the proposed move and wait for the approval of the Radiation Safety Officer before moving my device.

6. I understand that as an Authorized User my Form A will expire five years after the approval date and I shall renew or replace my Form A prior to the expiration date.

7. I understand that as an Authorized User I shall have the interlock and shutter systems of all x-ray devices in my possession that depend on an interlock system to prevent exposure of human beings to x-rays disassembled and fully inspected by a qualified service technician every five years. I understand that the documentation of these inspections shall be a prerequisite for continued operation of my x-ray device on the GA Tech campus.

Signature: _____ Date: _____
Print Name: _____

Application for Authorized User (AU) Status for Acquisition and Use of Radiation Producing Equipment

1. Applicant Information (Attach résumé that substantiates experience working with radiation producing equipment.)

Last Name: _____ First Name: _____ Date: _____

Title: _____ Email Address: _____

Department: _____ Dept. Mail Code: _____

Office: Building: _____ Room: _____ Phone: _____

Equip. Location: Building: _____ Room: _____ Phone: _____

2. Project Information

Title: _____

No. of Persons Working on Project: _____ (Submit a completed Form B, Radiation Worker Registration Form, for each person)

3. Equipment Specifications

Type: (X-Ray Diffractometer, Electron Microscope, etc.) _____

Manufacturer: _____ Model: _____

Serial Number: _____

Max. Voltage: _____ Operating Voltage: _____

Max. Current: _____ Operating Current: _____

Anticipated Workload: (Average number of hours per week that unit will be used) _____

4. Description: Provide a brief abstract of the experiment to be performed, including its purpose and/or objectives.

**Application for Authorized User (AU) Status for
Acquisition and Use of Radiation Producing Equipment**

7. Radiological Safety: Describe the shielding of the unit and the room, the shutter and interlock controls, the beam intercept, etc. used to minimize personnel exposure.

8. Radiation Surveys: What instruments are available to be used for checking radiation levels? Describe the method and frequency of performing radiation surveys.

9. Operator Training: State how and by whom operators will be trained in using radiation producing equipment. Specify how this training will be documented.

10. Logbook: State what information and data will be kept in the logbook.

Application for Authorized User (AU) Status for Acquisition and Use of Radiation Producing Equipment

In making application for Authorized User status, I acknowledge that I have reviewed the State of Georgia regulations, Georgia Tech Radiation Safety Policy Manual, and Office of Radiological Safety Procedure 9502 "Control and Accountability of Radiation Generating Equipment" and agree to adhere to these rules and regulations.

Signature: _____

Date: _____

Comments and/or Amended Conditions:

Office of Radiological Safety Review and Approval

Radiation Safety Officer

Date: _____

Radiation Safety Committee Review and Approval

Chairman, Radiation Safety Committee

Date: _____