**Application for Radiation Use Authorization for X-Ray Producing Machines**

Office of Research Protections

RUAXPM #       *(To be filled out by Research Protections)*

*Instructions: Complete and send the request form electronically to* [*compliance@appstate.edu*](mailto:compliance@appstate.edu)

**Section I: Background**

1. Name:
2. Department:
3. Date:
4. Primary point of contact for machine:

**Section II: Training**

*Please note that applicants must complete machine specific training as determined by their department.*

1. Describe your experience using x-ray producing machines and any training completed on this machine:
2. Name of authorized trainer who supervised training:

**Section III: X-Ray Producing Machine**

*Please note that all x-ray producing machines must be registered with the State of North Carolina, Department of the Environment and Natural Resources. If requesting authorization for a new machine, the applicant must, in consultation with the RSO, prepare and submit an application to the State to be granted a registration for the proposed instrument.*

1. Machine is:  Currently at ASU New to ASU
2. Machine to be used:
3. Describe in sufficient detail your planned activity using the machine, including any work with human or animal subjects and any unusual hazards from chemicals of planned procedures (e.g., volatile, flammable, explosive, toxic, pathogenic, carcinogenic, dry state).

By submitting this application, the Principal Investigator (and responsible faculty member if PI is a student) and authorized trainer accepts responsibility for understanding and complying with Appalachian State University policy on the use of radioactive materials and x-ray producing machines as described in the Appalachian State University Radiation Safety Manual.

The Office of Research Protections, Radiation Safety Officer, Principal Investigator and Authorized Trainer have agreed to conduct this application process by electronic means, and this application is signed electronically by the Principal Investigator and by the responsible faculty member if a student is the PI. Name and email address, set out below, constitute electronic signature of this application.

***By submitting this request, the PI (or responsible faculty member if PI is a student) and authorized trainer certify that all departmental training requirements have been fulfilled.***

|  |  |
| --- | --- |
|  |  |
| PI Name | If Student PI, Responsible Faculty Name |

|  |  |
| --- | --- |
|  |  |
| PI Email Address | If Student PI, Responsible Faculty email Address |

|  |  |
| --- | --- |
|  |  |
| Authorized Trainer Name | Authorized Trainer email Address |

|  |
| --- |
| For RSO:  Approved Approved pending clarifications Disapproved  RSO Name: Brian Raichle  RSO Email address: raichlebw@appstate.edu  Date: |