

## APPENDIX B – RADIATION PRODUCING MACHINE PRE-REGISTRATION FORM

I. Authorized User Information			
Name:		Professional Title:	
Department:		Building:	
Room Number:		Phone Number:	
II. Radiation Producing Equipment Information			
Make/Model:		Supplier/Manufacturer:	
S/N:		Expected Delivery Date:	
Location where device will be used or stored:			
General Category of Proposed Use:			
<input type="checkbox"/> Human Use: Diagnostic		<input type="checkbox"/> Research	
<input type="checkbox"/> Storage for future use (elaborate in comments)		<input type="checkbox"/> Other, specify: _____	
Specific Type of Equipment:			
<input type="checkbox"/> Radiographic	<input type="checkbox"/> Dental	<input type="checkbox"/> XRF	<input type="checkbox"/> XRD
<input type="checkbox"/> Neutron Generator	<input type="checkbox"/> Accelerator	<input type="checkbox"/> Other, specify: _____	
Plans and specifications for proposed facility (as evaluated by a qualified expert) attached? <i>Note: If the device is designed to be self-shielding, please include a copy of the manufacturer-provided user's guide describing the shielding. If shielding cannot be determined until after receipt, submit the shielding plan with the Radiation Work Permit.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiation Producing Machines Work Permit Attached? <i>Note: The work permit may be submitted after pre-registration and receipt of the machine provided it is not installed or operated upon receipt. Installation and operation shall not be done until approval has been received by the RSO.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
III. Activity Type			
<input type="checkbox"/>	New Purchase: By University Funds <input type="checkbox"/> or Grant Funds <input type="checkbox"/> Index #:		
<input type="checkbox"/>	Loan from non-WKU Organization		
<input type="checkbox"/>	Donation/Gift		
IV. Signatures			
I certify that this radiation producing machine will be ordered and received in accordance with 902 KAR 100 and the WKU Radiation Producing Machines Safety Manual.			
Requestor Signature:		Date:	
I have reviewed the above information, and confirm that the applicant is authorized to receive this radiation producing machine, and that acquiring this material will not violate the 902 KAR 100 or the policies set forth by the WKU Radiation Producing Machines Safety Manual.			
Radiation Safety Officer, Sarah A. Grant			Date