JPL

JPL Radiation Safety Program

IONIZING RADIATION MACHINE USE REQUEST/AUTHORIZATION

(TYPE/PRINT LEGIBLY, COMPLETE UNSHADED PORTIONS OF FORM ONLY)

NAME / SECTION	TELEPHONE / FAX	MAILCODE OR ADDRESS / E-MAIL ADDRESS	USE AUTHORIZATION NUMBER

☐ NEW USE REQUEST ☐ MODIFICATION OF USE ☐ RENEWAL REQUEST

I. DESCRIPTION OF RADIATION MACHINE/DEVICE

	DEVICE MANFACTURER	MODEL NUMBER	YEAR OF MFR	UNIT SERIAL NUMBER	TUBEHEAD I.D.	MAX RATED kV	MAX RATED mA	OTHER DESCRIPTION (portable, cabinet, fixed, etc.)
1								
2								
3								
4								
5								

II. STORAGE/USE AREA LOCATION/AREA DESCRIPTION (Attach Sketch or Drawing)

USE LOCATION

BLDG. ROOM

STORAGE LOCATION

BLDG. ROOM

MACHINE/DEVICE KEY CONTROL ☐ N/A ☐ NO ☐ YES

TYPE OF CONTROL:

MACHINE/DEVICE & AREA ACCESS INTERLOCKS ☐ N/A ☐ NO ☐ YES

TYPE OF CONTROL:

(INDICATE AREA ACCESS INTERLOCK LOCATIONS ON USE AREA LOCATION SKETCH)

III. PROCEDURES

PROVIDE A BRIEF DESCRIPTION OF INTENDED SOURCE USE (ATTACH COPIES OF ANY PROCEDURES INVOLVING USE OF SOURCES)

IV. IDENTIFIED PERSONNEL

(ATTACH TRAINING/EXPERIENCE SUMMARY FOR EACH NAMED INDIVIDUAL)

MACHINE/DEVICE CUSTODIAN:

MACHINE/DEVICE USERS:

V. INTENDED PERIOD OF USE

(AUTHORIZATIONS ARE EFFECTIVE FOR A MAXIMUM OF 1 YEAR, RENEWABLE)

FROM TO

VI. RADIATION SAFETY REQUIREMENTS SUMMARY

	N/A	NO	YES
PERSONNEL DOSIMETRY	☐	☐	☐
INITIAL AREA ASSESSMENT	☐	☐	☐
SHIPMENT/RECEIPT SUPPORT	☐	☐	☐
PERIODIC AREA ASSESSMENT	☐	☐	☐
PERIODIC LEAK TEST/INVENTORY	☐	☐	☐
ADDITIONAL/PERIODIC USER TRAINING	☐	☐	☐

COMPLIANCE WITH ADDITIONAL CONTROLS:

VII. AUTHORIZATION

SOURCE CUSTODIAN/PREPARER	DATE	JPL RADIATION SAFETY OFFICER	DATE
SECTION MANAGER	DATE	JPL RADIATION SAFETY COMMITTEE CHAIR	DATE

Replaces all previous versions, which are obsolete

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