

JPL Radiation Safety Program
RADIATION MACHINE USE AUTHORIZATION REQUEST

Section 1 – Applicant Information

Name (print or type)	Badge #	Email	Mailcode
Section	Office Location	Office Telephone	Cell Phone (or Emergency Contact)

Section 2 – Lab/Use Location (attach drawing of use, storage, equipment locations)

Use Location(s):	Storage Location(s):
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Equipment/procedures required for radiation machine use:

Locked storage	Radiation Area	High Radiation Area	Flight hardware handling	Increased security
Body dosimeter	Ring dosimeter	Direct-reading dosimeter	Clean Room	

Other equipment or facility requirements (describe, attach extra sheets as necessary):

Section 3 – Participating Personnel (attach extra sheets, as necessary)

Name	JPL Badge #	Email	Section	Training Attached
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Section 4 – Radiation Machines

Manufacturer	Model	Serial #	Tube Serial/ID	Max Voltage (kV or MV)	Max Current (amps)	Type (see below)

1. Accelerator ≥ 10 MeV	2. Accelerator < 10 MeV	3. X-Ray Diffraction – Open Beam	4. X-Ray Fluorescence	5. R & D
6. Portable Radiography	7. Shielded Room Radiography	8. Cabinet Radiography	9. Irradiator	10. Other

Section 5 – Standard Operating Procedures

Proposed Use/Project Title:

In chronological order, describe the procedure(s) for how the radiation machine(s) will be used. Copy and paste text or attach extra pages, if necessary.

At any time, will this source/procedure result in a radiation dose rate of 2 mrem/hour or more at a distance of 30 cm from the source? Yes No

a. If yes, will the dose rate exceed 2 mrem/hour in an area where personnel other than those listed in Section 3 have access? Yes No

b. If yes, describe the steps to be taken to prevent unrestricted access:

c. Describe shielding that will be utilized:

Describe any special hazards, and methods of mitigation:

Section 6 – Certification of Responsibility

- I certify that the information included in this application is complete and correct to the best of my knowledge.
- I agree to notify the Radiation Safety Committee and obtain prior approval for any changes to this protocol.
- I agree to abide by the regulations, guidelines and license conditions regarding the use of radiation and/or radioactive materials as set forth in California Administrative Code, Title 17; the applicable sections of the Code of Federal Regulations, Title 10, and California radioactive materials license 0109-19.
- I understand that I assume responsibility for safe operation of sources and equipment.
- I understand that use of radiation sources may place me in a "Designated Safety-Sensitive Position," under the requirements of JPL Rules Doc ID 69652.
- I understand that I must abide by the requirements of JPL's Radiation Safety Program, and that failure to comply may result in disciplinary action up to and including termination, and the loss of privilege to operate radiation sources at JPL.

Custodian Applicant Name (print clearly or type)

Signature

Date

Supervisor Name (print clearly or type)

Signature

Date