



**SECTION 2: MACHINE INFORMATION**

Select X-ray Console Type:	Console Manufacturer	Console Model# & Serial#
1.		
2.		
X-ray tube manufacturer	X-ray tube model #	X-ray tube serial #
1.		
2.		

**SECTION 3: DESCRIPTION OF PROJECT**

A. Please describe the project or procedure detailing radiation application for each machine above:



**SECTION 6: CONFIRMATION & SIGNATURE**

**I have received, read, understand, and agree to follow the requirements of the Tufts University Radiation Safety Manual (<http://publicsafety.tufts.edu/ehs/?pid=68>).**

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

Application is subject to RSO approval and ratification by the Radiation Safety Committee at the next quarterly meeting.

**Radiation Safety Use Only**SECTION 7: PRINCIPAL INVESTIGATOR AUTHORIZATION PERMIT # **Permit Type: New:      Amendment:      Renewal:****Effective Date:                      Expiration Date:****Principal Investigator**

Last

First

M.I.

Suffix

Department

Campus

Telephone

**Date Application Received****Date Approved by RSO****Date Ratified by RSC**\_\_\_\_\_  
Signature of Radiation Safety Officer

Date

Comments: