

**REGISTRATION FOR THE USE/STORAGE OF RADIATION-GENERATING DEVICES**

1.	Supervisor:		Phone:	
	Fax:		After Hours Phone:	
	Kerberos ID (name.#):		E-mail Address:	
2.	College:		Department or Division:	
3.	Building:		Office Room #:	
	Street Address:			

**4. This permit is for:**

**Storage Only**

**Active Use of Radiation-Generating**

**5. Device Information:**

A.	Type of Device	
B.	Location of Device (Building and Room)	
C.	Manufacturer	
D.	Model Number	
E.	Serial Number	

**6. Supervisor's Acknowledgment of Responsibility**

Please be advised, as a supervisor of a project employing the use of a radiation-generating device, your primary responsibilities include:

- A. Insuring a commitment to the philosophy to keep radiation exposures As Low As Reasonably Achievable (ALARA) in keeping with the University's commitment to the ALARA concept.
- B. Notifying Radiation Safety prior to the acquisition, transfer, relocation or disposal of any radiation-generating device. Radiation Safety must supervise all transfers or relocations of devices.
- C. Insuring security of the radiation-generating device. All devices must be secured from unauthorized access or removal.
- D. Maintaining postings of the Ohio Department of Health Notice to Employees and other appropriate caution signs, labels and signals as required by the Ohio Administrative Code rule 3701-38.
- E. Maintaining documentation that users have received appropriate training.

**I have read the above requirements, understand them, and will abide by them.**

\_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_  
Date Signed

For RS Use Only		
PI Number	RS Approval Signature	Date