



RADIATION PRODUCING DEVICES REGISTRATION

Date: _____

For new radiation producing devices, amendments, or renewal of registration, complete the below fields and return to Radiation Safety Office via email to radsaf@uw.edu or by clicking on the submit button in the form.

- Radio buttons for New, Amendment, and Renewal.

I. OWNER'S INFORMATION

Form fields for PI/Supervisor Name, Department, Contact person, PI's E-mail, Office #, and E-mail.

II. LABORATORY SPACES AND RADIATION PRODUCING DEVICES(S) INFORMATION

Table with 5 columns: Device ID (1-4) and rows for Location, Beam Type, Manufacturer, Model, Type of unit, Primary Use of Device, # of port, Serial number, Maximum Voltage (kV), Normal Operating Voltage (kV), Maximum Current (mA), Normal Operating Current (mA), Status.

III. DESCRIPTION OF PROJECT/PURPOSE OF THE RADIATION PRODUCING DEVICE(S)

Please describe the project or how the device is planned to be or is currently being utilized

Large empty text box for project description.

Describe the type of shielding used and/or shielding design.

Large empty text box for shielding description.

IV. TRAINED PERSONNEL

List all personnel (including applicant and contact person) whom will be working with radiation producing devices as authorized by this authorization.

| Last Name | First Name | Does this person has received training and/or has experience with radiation producing device(s) | | If yes, please provide previous experience or training with radiation producing devices. | |
|-----------|------------|---|--------------------------|--|---------------------------|
| | | YES | NO | Type of Equipment | Employer's/Trainer's Name |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | |

V. ACKNOWLEDGEMENT AND SIGNATURE

I hereby certify that the information provided above is true and accurate to the best of my knowledge. As the registered Principle Investigator of the said device, I will provide written notification to Radiation Safety of any deviations to the current information within ten (10) working days of the modification.

Applicant's Signature

Date