

University at Buffalo
Environment, Health & Safety Services
APPLICATION TO USE RADIATION GENERATING EQUIPMENT
 PRINCIPAL INVESTIGATOR AUTHORIZATION

Part 1 Instructions: Fill in the information requested below. Refer to instructions on form RMA-1AX. Print neatly.				
Last Name, First Name, Middle Initial			Office Address:	
Office Telephone:	UB Person Number:	Date of Birth:	Sex: M () F ()	Department:
* The Federal Privacy Act of 1974 requires notification that your SSN is requested pursuant to the Nuclear Regulatory Commission. The SSN is used to track occupational exposure to ionizing radiation and if applicable shared with a vendor dosimetry service.				Social Security Number (SSN)*:
E-mail Address:			Office Fax Number:	
Have you ever worked with Radioactive Material or Radiation Sources at UB previously? NO () YES () If yes, list the Principal Investigator(s) with whom you have worked:				
Designate an individual who will be responsible for day-to-day radiation safety when you are not available:				

Part 2 Instructions: List intended locations of radiation generating equipment use.					
Building Name	Room Number	Telephone Number	Manufacturer	Model	Type

Part 3 Instructions: Attach the following supplemental information. Check off requirements below.
() Form RMA-42X for each x-ray experimental protocol requested.
() Floor plan of each facility indicating locations of x-ray machines and current uses of adjacent areas.
() Form RMA-2X for each Associate Investigator (candidate) working under this pending authorization.
() Current copy of your <i>curriculum vitae</i> (CV).

Part 4 Instructions: List available portable survey meters.		
Survey Meter Make	Model	Detector Type

Part 5 Instructions: Summarize your experience using radiation generating equipment (attach additional descriptive documentation, if available).

Location of Experience	Type of Work and Machines Used	Duration

Part 6 Instructions: Read and sign certification. **Check off requirements below.** Submit this completed application and all required attachments to EH&S Radiation Safety Division, 14 Parker Hall, South Campus.

Principal Investigator Certification: I hereby declare that:

- () I will take responsibility for the safe use of radiation generating equipment in my laboratories/examination rooms.
- () I have read the University at Buffalo's "Campus Commitment to Safety Policy," and "Radiation Equipment Safety Manual," and understand the requirements contained therein.
- () I agree to abide by these rules and any additional rules or amendments to existing regulations or discontinue working with radioactive material.
- () I will dispose of chemical, biological and radioactive waste associated with my research and laboratory work according to the UB policies and requirements.
- () I request submission of this application for approval by the UB Radiation Safety Committee.

If approved, the planned date for initiating x-ray machine use is (month/year):

Principal Investigator Applicant Signature:	Title:	Date:
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