

University at Buffalo
Environment, Health & Safety Services
RADIATION GENERATING EXPERIMENTAL PROCEDURES APPLICATION
IN VITRO PROTOCOL

Part 1 Instructions: Complete this form for each new or amended radiation generating equipment experimental procedure authorization (<i>in vitro</i> protocols only - for <i>in vivo</i> protocols, use appropriate IACUC application). Submit this form with an electronic (Microsoft Word preferred) copy of the protocol to EH&S for approval. Print neatly.			
PI Name:		Permit Number (not required for initial application) :	
Descriptive Title of the Protocol:			
Building and Room Where Experiment is to be Performed:		Machine Manufacturer:	
Model:	Serial Number:	Number of Tubes:	EH&S Machine ID:

Part 2 Instructions: Attach a complete protocol description. Include and check off the following requirements below.
<input type="checkbox"/> List all steps needed to understand the safety aspects of the experiment. <input type="checkbox"/> Describe the shielding provided (intrinsic to the unit, in walls, etc.). <input type="checkbox"/> Include equipment settings (kVp, mA, etc.) that will be used during the x-ray procedures. <input type="checkbox"/> Describe potential hazards and radiation safety procedures (PPE, shielding, and dosimeter requirements, etc.) to be used to mitigate the hazards. <input type="checkbox"/> Describe any electronic interlocks to be used to prevent accidental exposures. <input type="checkbox"/> State the types of waste generated (hazardous chemical, regulated medical, etc.) and the estimated volumes. Indicate the waste minimization techniques to be employed.

Part 3 Instructions: List the machine type (DOH registration category).	
<input type="checkbox"/> Bone Densitometer <input type="checkbox"/> Dental <input type="checkbox"/> Fluoroscopic - Fixed <input type="checkbox"/> Fluoroscopic - Mobile <input type="checkbox"/> Combination Radiographic Fluoroscopic <input type="checkbox"/> CT Scanner <input type="checkbox"/> Therapy	<input type="checkbox"/> Mammography <input type="checkbox"/> Radiographic - Fixed <input type="checkbox"/> Radiographic - Mobile <input type="checkbox"/> Electron Microscope <input type="checkbox"/> Particle Accelerator <input type="checkbox"/> X-Ray Diffraction <input type="checkbox"/> Other _____

Part 4 Instructions: Sign and fax this completed form to 829-2029 with all required attachments.	
Name, e-mail address, and phone number of person completing form if other than PI :	
PI Signature:	Date:

***** EH&S USE ONLY *****

EH&S Approval by _____ Date _____

RSC Approval Date _____ () N/A Date Change of Status Issued _____
