RS-4 / Radiation Machine Authorization Application Form

Instructions: Complete all sections as appropriate and submit electronically to the Radiation Safety Officers at **RSO@nmt.edu**

Date: _____

SECTION 1a – Individual Information

Applicant: _____ 900#: _____

Title / Position: _____

Department: _____ Office: _____

Phone: _____ Email: _____

Supervisor / Department Chair: _____

Submit Form RS-3, Statement of Training and Experience, for the applicant and each individual who will independently operate the radiation machine, as applicable.

SECTION 1b – Authorized Personnel

List personnel who will operate or perform work involving the radiation machine under this authorization. List additional personnel on a separate attachment if necessary.

Name	Title	Email	Phone	Training & Experience status

Training and experience requirements for radiation-machine operators are described in the NMT Radiation Safety Manual. Applicable training and experience shall be reviewed and verified before an individual is authorized to independently operate a radiation machine.

SECTION 2a – Equipment Type

☐ X-ray Diffraction (XRD)

☐ X-ray Fluorescence (XRF)

☐ Cabinet X-ray System

☐ Portable / Handheld X-ray System

☐ Other: _____

SECTION 2b – Equipment Information

Manufacturer: _____

Model: _____

Serial Number: _____

X-ray Tube Serial No.: _____

Date Manufactured, if known: _____

Date Installed: _____

NMED Registration No.: _____

Mode of use: ☐ Fixed ☐ Portable

SECTION 2c – Technical Specifications

Maximum kVp: _____

Maximum beam current (mA): _____

Operating range / anticipated workload: _____

Number of tubes: _____

SECTION 3 – Use and Storage Location

Utilization:

Building: _____ Room Number: _____

Storage:

Building: _____ Room Number: _____

SECTION 4 – Safety

Feature	Description / Specification	Test/Maintenance Frequency
Shielding		
Interlocks		
Warning lights / indicators		
Emergency shutoff		
Ventilation (if applicable)		
Radiation monitoring		
Access controls / security		

SECTION 5 – Purpose / Protocols

Describe the purpose for which the radiation machine will be used. Attach applicable SOPs, operating procedures, or manufacturer safety documentation as appropriate.

_____

_____

_____

_____

_____

SECTION 6 – Applicant Certification

I certify that the information provided in this application is accurate and complete and agree to operate the radiation machine only in accordance with the approved authorization, NMT Radiation Safety Manual, applicable procedures, and regulatory requirements.

Applicant Signature: _____ Date: _____

Printed Name: _____

SECTION 7 – Pre-Operation RSO Verification

☐ Registration verified

☐ Shielding/location acceptable

☐ Interlocks tested

☐ Warning systems tested

☐ Operators trained

☐ Required surveys completed

☐ Operating and emergency procedures reviewed

☐ Required postings/labels verified

Conditions / Restrictions, if applicable: _____

Radiation Machine Use Permit No.: _____

Approved effective date: _____

RSO signature: _____ Date: _____

Printed Name: _____