

Auburn University

Application for Use of Analytical X-Ray Machine

Principal Investigator *	Email (AU User Name)	AU Mailing Address
Department	AU Telephone	After Hours Telephone

*A Principal Investigator applying for first Auburn University permit must also complete and submit a *Statement of Training and Experience*.

Machine Description

Manufacturer	Model	Serial Number
Type (e.g. diffraction)	Maximum Rating (kV/ma)	Number of Tubes
Location		

Description of Proposed Use [Provide sufficient detail (SOP, Experience, CV) for Radiological Safety Committee evaluation. Attach additional pages if necessary]

Names of persons using machine under your supervision

Certification

I certify that the machine will be used as described in this application and that all applicable provisions of the Alabama Department of Public Health Rules, Auburn University radiological policies, and specific approval conditions required by the Radiological Safety Committee, now or hereafter in effect, will be observed.

Signature of Principal Investigator

Date

Departmental Approval

Signature of Head of Department

Date

Radiological Safety Committee Approval Conditions

Interim Review by Radiological Safety Officer

Approved Not approved

Signature of Radiological Safety Officer

Date

Final Action by Radiological Safety Committee

Approved Not approved

Signature of Radiological Safety Committee Chair

Date

Permit Number	Valid Until
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