

# 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 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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