

**UNIVERSITY OF HOUSTON**  
**Radiation Safety Manual**

**Application for X-ray Machine Subregistration**

Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Office Location: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency After Hours Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

X-ray Machines Use Locations & Phone #s: \_\_\_\_\_

**X-ray Machines Data:**

Manufacturer	Model	Serial #	Max KV	Max MA	Type	Active Y/N

**Summary of X-ray procedures:**

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Summary of Principal Investigator's training and experience with x-ray machines including locations, courses, machine types, and duration. Principal Investigators must attend the UH X-ray Safety Short Course.

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# UNIVERSITY OF HOUSTON

## Radiation Safety Manual

List of Authorized Users\*:

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\*New Authorized Users must have read the X-ray Safety Section of the Radiation Safety Manual and must verify by signing their initials. \_\_\_\_\_

\*New Authorized Users must have received specific radiation safety training for the radiation hazards in their labs from their Principal Investigator and must verify by signing their initials. \_\_\_\_\_

\*New Authorized Users must have attended and passed the UH X-ray Safety Short Course and must verify by signing their initials. \_\_\_\_\_

(Other Authorized Users may be added later by amendment after completing these requirements)

Radiation Instrumentation:

Survey Meter(s) Manufacturer/Model/Serial #/Calibration Date \_\_\_\_\_

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If the Principal Investigator receives interim approval by the RSO or is approved by the Radiation Safety Committee prior to taking the UH X-ray Safety Short Course (XSSC), then the Principal Investigator agrees to attend and pass the next scheduled XSSC.

I certify that the information contained herein and attached hereto is true and correct to the best of my knowledge.

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Signature of Principal Investigator	Date
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Signature of Radiation Safety Officer	Date
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Signature of Radiation Safety Committee Chair	Date
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