

**UNIVERSITY OF HOUSTON**  
**Radiation Safety Manual**  
**X-ray Machine Sub-registration Amendment Form**

Principal Investigator:  
Permit #:

Department:  
Phone:

ADD: Authorized User\* \_\_\_\_\_ Location \_\_\_\_\_ Machine \_\_\_\_\_ X-ray Procedure\*\* \_\_\_\_\_  
DELETE: Authorized User \_\_\_\_\_ Location \_\_\_\_\_ Machine \_\_\_\_\_ X-ray Procedure \_\_\_\_\_  
(Final disposition of deleted equipment must be given including scrapped, cannibalized, or final destination)

*\*Complete page 2 if adding a user.*

*\*\*Use additional sheets to describe the procedure.*

Details:

X-ray Machine(s) Data:

Manufacturer	Model	Serial #	Max KV	Max MA	Type	Active/ Inactive

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

_____ Signature of Principal Investigator	_____ Date
_____ Signature of Radiation Safety Officer	_____ Date
_____ Approved by Radiation Safety Committee	_____ Date

# UNIVERSITY OF HOUSTON

## Radiation Safety Manual

	1. PI Responsibilities (Please initial before each responsibility below.)	
	I have provided training to employee using the specified X-ray machine, and model. The training included a discussion of the known and potential hazards and an explanation of the relevant policies, techniques and procedures including the proper use of personal protective equipment (PPE) and accompanying equipment.	
	Employee has been trained initially and will be trained annually thereafter. Their knowledge, competence and practices shall be evaluated and documented.	
	I have implemented a safety program and will include this information in the SOP for that machine.	
	I have limited access to Lab and or equipment to authorized users only.	
	I have implemented practices to minimize the possibility of injury while using the specified machine and or associated equipment.	
	I have developed a Standard Operating Procedures (SOP) for Start-up/Shut-down, and operation of the specified machine. The Standard Operating Procedures (SOP) has a contingency plan in the case of an emergency.	
	I will provide all requested information to the Radiation Safety Officer via email at <a href="mailto:ehs@uh.edu">ehs@uh.edu</a> or by phone at 713-743-5858	

PI Name: \_\_\_\_\_

PI E-Mail: \_\_\_\_\_

PI Signature: \_\_\_\_\_

PI PSID #: \_\_\_\_\_

Date: \_\_\_\_\_

	2. Future Authorized User Responsibilities (Please initial before each responsibility below.)	
	I have received training and understand the risks of this specific X-ray machine and model. The training included a discussion of the known and potential hazards and an explanation of the relevant policies, techniques and procedures including the proper use of personal protective equipment and accompanying equipment.	
	I have agreed with my PI to be trained initially and annually thereafter. My knowledge, competence and practices have been evaluated and documented.	
	My PI has provided me with a copy or instructed me on how to obtain a copy of the SOP for that machine.	
	I have read, and understand the Standard Operating Procedures (SOP) for Start-up/Shut-down, and operation of the specified machine. I am also aware of the actions required during an emergency.	
	I will use the training I have received from my PI to minimize the possibility of injury while using the machine or associated equipment.	
	I understand that as an authorized user I may have limited access to the lab, or equipment and will not allow anyone that is not authorized to use the equipment or enter the lab.	
	I will report any malfunctions or safety concerns to my PI as they become apparent, and if they cannot be, or are not resolved, I will notify the Radiation Safety Officer via email at <a href="mailto:ehs@uh.edu">ehs@uh.edu</a> or, by phone at 713-743-5858.	

AU Name: \_\_\_\_\_

AU E-Mail: \_\_\_\_\_

AU Signature: \_\_\_\_\_

AU PSID #: \_\_\_\_\_

Date: \_\_\_\_\_