

## Application for Radiation Machine Approval (RC-030) Instructions

### Section 1—Applicant Information

- Please fill out all entry blanks on in this section
- If you wish to have a Radiation Safety Coordinator please designate this individual in the appropriate blank and provide an effective email address for this person.
- If you wish to be contacted first regarding questions about your Approval (such as for Audit scheduling) then please check the Approval Holder box in the Direct Questions To box. Otherwise check the Radiation Safety Coordinator box if you wish your RSC to field such inquiries.

### Section 2—Experience

- Please briefly detail your experience with Radiation Producing Machines as guided by the headings

### Section 3—Training

- Please briefly describe any previous training you may have received for Radiation Producing Machines as guided by the headings.

### Section 4—Research

- Please briefly describe the research you will be conducting under this Approval in the space provided.

**THE UNIVERSITY OF ARIZONA  
APPLICATION FOR RADIATION MACHINE APPROVAL (RC-030)**

**SECTION 1 APPLICANT INFORMATION**

Approval Holder Name:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">First</td> <td style="width: 10%; text-align: center;">MI</td> <td style="width: 45%; text-align: center;">Last</td> <td style="width: 20%; text-align: center;">Degree</td> </tr> </table>	First	MI	Last	Degree	Position:
First	MI	Last	Degree			
Department:	Radiation Safety Coordinator:					
Office Phone:	Lab Phone:	Fax:				
Approval Holder e-mail:	Radiation Safety Coordinator e-mail:					
Direct questions to:	<input type="checkbox"/> Approval Holder <input type="checkbox"/> Radiation Safety Coordinator					

**SECTION 2 EXPERIENCE**

System Description (Describe type of equipment and use)	Dates/Duration of Experience	Institution/Organization

**SECTION 3 TRAINING**

Institution/Organization	Radiation Machine Training (Course or On-The-Job) Course Title/Description and Duration

**SECTION 4 BRIEF DESCRIPTION OF RESEARCH TO BE PERFORMED UNDER THIS APPROVAL**

It is understood that the applicant named herein, upon approval of this application, assumes responsibility for the use and disposition of ionizing radiation producing machines assigned to him/her in strict compliance with the rules and regulations administered by the University Radiation Safety Committee/Medical Radiation Safety Committee and the Radiation Control Office of the University of Arizona. Under no circumstances may the applicant delegate this responsibility to any other person.

Further, the applicant is aware that any fines imposed on anyone working under the applicant's supervision or civil penalties levied by the any regulatory authority because of deficiencies in work being done under the applicant's Approval will be paid out of the applicant's departmental funds. (It is understood this authority is based upon a directive from the Vice-President for Research, Graduate Studies, and Economic Development.)

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

FOR RCO USE ONLY: APPROVAL #: \_\_\_\_\_ RCO REVIEW \_\_\_\_\_ RMPC REQUIRED? Y \_\_\_ N \_\_\_