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| **SECTION I. General Information** |
| Principal Investigator: |  |
| Facility Supervisor: |  |
| Department: |  |
| Accelerator Locations: |  |
| Registration Code: |  *(example: A-NSE-Hartwig)* |
| **SECTION II. Responsibilities** |
| I acknowledge and understand the following administrative and operational requirements.Personnel Requirements:1. My laboratory will comply with the requirements of the MIT Accelerator Safety Program.
2. Accelerator safety procedures will be established for each accelerator system and made readily available and reviewed by operators.
3. Accelerator operators under this registration will:
	* periodically review EHS Training Needs Assessment for their workplace
	* complete and maintain required EHS training
	* complete [**EHS00365 Accelerator Safety Training**](file:///C%3A%5CUsers%5Claptop%5CDropbox%20%28MIT%29%5CRPP%5CProgram%20Areas%5CAccelerator%20Program%5Catlas.mit.edu) before working with accelerators
4. All visitors will:
	* not enter radiation areas
	* receive appropriate training that covers the hazards in the accelerator laboratory
	* receive appropriate personal protection equipment (PPE)
5. The Radiation Protection Program will be notified of any changes to the accelerator system that may affect the hazards or risks due to these changes.

Facility Requirements:1. Particle accelerators, when not in operation, shall be secured to prevent unauthorized use.
2. The safety interlock system shall not be used to turn off the accelerator beam except in an emergency.
3. All safety and warning devices, including interlocks, shall be checked for proper operation at intervals not to exceed three months.
4. Electrical circuit diagrams of the accelerator and the associated safety interlock systems shall be kept current and maintained for inspection by the Massachusetts Department of Public Health and shall be available to the operators.
5. If, for any reason, it is necessary to intentionally bypass a safety interlock or interlocks, such action shall be:
	* First authorized by the Radiation Safety Committee and/or the Radiation Safety Officer
	* Recorded in a permanent log and a notice posted at the accelerator control console
	* Terminated as soon as possible.
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| **SECTION III. Signature** |
| Principal Investigator (Print Last Name, First Name) | Signature | Date |