

PI Name: X-ray Registration Number:

Radiation Protection Program

PART A: PI X-ray Registration Form

SECTION I. General Information					
Department/DLC		Building/Room			
Principal Investigator	Last name, First name		Kerberos		
X-ray Supervisor	Last name, First name		Kerberos		

SECTION II. X-ray Inventory

A current inventory of X-ray devices operated under this registration shall be maintained. A copy of the Part B X-ray <u>Inventory</u> form **shall** be completed for each X-ray device.

SECTION III. X-ray Normal Operating Procedure

A Normal Operating Procedure **shall** be established for each X-ray device and made readily available to operators. A copy of the Part C X-ray Normal Operating Procedure form shall be completed for each system's specific needs.

SECTION IV. Authorized Personnel and Training Requirements

All personnel authorized to use X-ray devices under this registration shall complete the following before commencing work with X-ray devices:

- Analytical/Industrial X-ray Safety Training (EHS00361c)
- X-ray Worker Registration Form (RP-50 X-ray Worker)
- Review the Normal Operating Procedure associated with the specific X-ray device to be operated

SECTION V. Acknowledgement and Signatures

I acknowledge the following:

- a) My laboratory **shall** comply with the requirements of the MIT X-ray Safety Program.
- b) X-ray users operating under this registration **shall** complete all required training, maintain up-to-date training records, and receive appropriate information about the hazards associated with the X-ray device(s).
- c) All visitors **shall** be provided appropriate training informing them of the hazards in the X-ray laboratory. Visitors **shall** also be provided with appropriate personal protection equipment.
- d) The Radiation Protection Program shall be notified of any modifications or changes to the X-ray device(s) that may affect the hazards or risks associated with device operation.
- e) The Radiation Protection Program **shall** be notified prior to the receipt, transfer, or disposal of an X-ray device.

Principal Investigator (Print Last, First Name)	Signature	Date
RPP Staff Approval (Print Last, First Name)	Signature	Date
RSO Administrative Approval (Print Last, First Name)	Signature	Date