

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 Device Description			
<input type="checkbox"/> Analytical or Cabinet X-ray	<input type="checkbox"/> Medical/Veterinary X-ray	<input type="checkbox"/> Other X-ray: _____	
SECTION III. X-ray Device Specifications			
Manufacturer	Model	Serial #	MIT Property #
Max Voltage (kVp)	Max Current (mA)	Max Exposure Time(s)	
Typical Voltage (kVp)	Typical Current (mA)	Typical Exposure Time(s)	
<input type="checkbox"/> Manufacturer's X-ray Device Manual Attached			
SECTION IV. X-ray Device Photo (Attach a photo of the X-ray device)			
SECTION V. Acknowledgement and Signatures			
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