

NORTH CAROLINA STATE UNIVERSITY  
ENVIRONMENTAL HEALTH AND PUBLIC SAFETY  
RADIATION SAFETY DIVISION

**RADIATION PRODUCING DEVICE AUTHORIZATION FORM**

Principal Investigator: \_\_\_\_\_ Protocol #: \_\_\_\_\_

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

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**SECTION ONE: REGISTERED RADIATION PRODUCING DEVICE INFORMATION:**  
(This may include X-ray machines, Electron Capture Detectors, Electron Microscopes and other related apparatus.)

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Bldg: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Room #: \_\_\_\_\_

Date of installation: \_\_\_\_\_

Reason for proposed research:

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**SECTION TWO: RADIATION PRODUCING DEVICE RESEARCH PROPOSAL:**

- Please explain intended research endeavors, including protocol information, safety and operating procedures, radiation safety and protection aspects of project.
- If research includes humans, please contact the Radiation Safety Division before proceeding with research and application.
- Please attach any supplemental information to this application, including a current CV of the PI.

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**SECTION THREE: ADDITIONAL INFORMATION:**

*Return completed amendment to: Radiation Safety Division, Box 8007*

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**REVIEW AND APPROVALS:**

Chair, Radiation Safety Committee: \_\_\_\_\_

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

Radiation Safety Officer: \_\_\_\_\_

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

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**RSD ONLY:**

Shielding Calculations: \_\_\_\_\_ yes \_\_\_\_\_ no

Scatter Survey: \_\_\_\_\_ yes \_\_\_\_\_ no

Postings: \_\_\_\_\_ yes \_\_\_\_\_ no