

TITLE:

SECTION I. Research Description/Summary

Outline the application of the X-ray device in your research.

SECTION II. X-ray Device Safety

Check and describe the types of safety features associated with the X-ray device (check all that apply):

Labeling:

Interlocks (*Description of operation*):

Shutter (*Description of operation*):

Equipment Access Control - Key, Computer Password, or Other: (*please describe*):

Room Access Control - Key, Combination, Keycard or Other: (*please describe*):

Description of Additional Shielding Methods (if applicable):

Operation Log (location and description):

Additional Hazards Associated with Device:

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PI Name:

X-ray Registration Number:

Radiation Protection Program

PART C: X-ray Normal Operating Procedure

SECTION III. Personal Protective Equipment (PPE) and Personnel Monitoring

- Personnel Radiation Dosimetry Required?
- Lead Gloves Lead Apron Leaded Glasses
- Other (describe):

SECTION IV. Device-Specific Standard Operating Procedures

Describe the steps to be followed in operating the X-ray device safely.

a. Standard start up procedures for X-ray operation:

b. Standard sample changing procedures:

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c. *Standard shut down procedures:*

d. *Beam alignment, maintenance, safety test procedures:*

e. *Emergency procedure:*

SECTION V. Emergency Contacts

Responsible Person/Supervisor:	Phone:
MIT EHS (<i>Radiation Protection Program</i>):	Phone: 617-452-3477
X-ray Vendor/Maintenance:	Phone: Email:
Emergency:	x 100 from campus phone or 617-253-1212 from Cell Phone
MIT Medical:	Phone: 617-253-4481

SECTION VI. 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