



**Radiation Safety**

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*Serving Stony Brook University, Stony Brook University Hospital, & Article 28 facilities*

# Variance for Electron Microscopes

## Transmission Electron Microscope (TEM)/Scanning Electron Microscope(SEM)

Researcher Name: \_\_\_\_\_

Manufacturer/Make: \_\_\_\_\_

Model: \_\_\_\_\_ Serial Number (S/N): \_\_\_\_\_

**Use Location**

Building(s): \_\_\_\_\_

Floor(s): \_\_\_\_\_

Room(s): \_\_\_\_\_

I request a conditional variance from Radiation Safety Policy **ERM.EHS.RS 119 Radioactive Materials, X-ray and Laser Internal Permit Requirements** in order to work with x-ray generating electron microscopes. I confirm that the following conditions will be met when the x-ray unit is operated:

1. The unit is operated by authorized personnel who have been trained in the operation of the device.
2. When not in use, the electron microscope unit is secured to prevent access and use by unauthorized personnel.
3. Repairs and alterations to the unit removing the shielding/housing is only performed by the manufacturer or a qualified third party vendor.

I agree to the above conditions of use. I understand that this variance allows for removal of semi-annual x-ray lab inspection requirements. I understand that failure to follow these conditions may result in actions by the Radiation Safety office including revocation of this variance.

Signature (Principal Investigator/Researcher)

Date

Print Name

*Radiation Safety Office use only below this line*

Your request for a variance from Radiation Safety Policy **ERM.EHS.RS 119 Radioactive Materials, X-ray and Laser Internal Permit Requirements** to work with electron microscopes is hereby granted. This variance applies to the above unit and location only.

Radiation Safety Officer (RSO)

Date