



Radiation Safety

110 Suffolk Hall
Stony Brook, NY 11794-6200
631-632-6410 (Office)
631-632-9683 (Fax)

Serving Stony Brook University, Stony Brook Medicine, & Article 28 facilities

RESEARCH X-RAY PERMIT APPLICATION

The Research X-ray Permit Application is to be filled out by the person who will be responsible for oversight of the use of radiation generating equipment in the research group, research facility, department/lab or teaching center and meets the requirements of **ERM.EHS.RS 114 Radioactive Materials/X-Ray Research Permit Holder Requirements and Qualifications**. This individual will become the permit holder for the X-ray equipment. The Permit Holder is also responsible for all users, staff members and/or students who use the registered devices in the laboratory.

Please email any questions or your complete application to radiationsafety@stonybrook.edu

Permit Holders should review, print out and retain copies of the following:

ERM.EHS.RS 114 Radioactive Materials/X-Ray Research Permit Holder Requirements and Qualifications
ERM.EHS.RS 118 Research Radioactive Materials, X-ray and Laser Permit Holder Responsibilities

Proposed Permit Holder must submit:

- Permit Holder's most recent Curriculum Vitae (CV) / resume or equivalent showing X-ray experience. Submission of a [Research Permit Holder Radiological Training Record](#) may be used in substitution to demonstrate previous experience and qualifications.
- Completion of X-Ray Safety Training (SBRS 020) hosted on SALUTE LMS for the permit holder, staff, and students.
- [Research Personnel Radiological Authorization Request](#) for *each X-ray user* (other than the permit holder) working with or in close proximity to X-ray generating devices. Each form is to be signed by the user and permit holder.
- Diagram / map of X-Ray use location(s). Indicate locations of the X-ray generating devices, windows, doors and barriers such as curtains or dividers. Include whether the door has a window.
- This application, completed in its entirety.

SECTION 1: CONTACT INFORMATION

PERMIT HOLDER	
Name	
Department	
Office Address	
Email	
Office Phone	
Lab Phone	
Emergency Contact Phone	

ALTERNATE CONTACT	
Name	
Department	
Office Address	
Email	
Office Phone	
Lab Phone	
Emergency Contact Phone	

SECTION 2: TYPE OF RADIATION PERMIT

Radiation Generating Device: Research

2A. TYPE OF APPLICATION

- Initial Application
- Renew Application Please Enter Permit #:
- Amend Existing Permit (Check all that apply) Please Enter Permit #:
 - Add X-Ray device
 - Change or dispose X-ray device
 - Add / Remove authorized space
 - Other

SECTION 3: X-RAY EQUIPMENT INFORMATION

3A: EQUIPMENT INFORMATION

#	Manufacturer	Model / Serial No.	Type (Cabinet, X-Ray Diff., X-Ray Fluorescence, etc.)	Maximum Voltage (kV)	Maximum Current (mA)	Normal Operating Voltage (kV)	Normal Operating Current (mA)
1							
2							
3							
4							

Which of these devices are portable or handheld (indicate number from above): _____

3B: SAFETY INFORMATION

- Beam on indicators
- Shutter open lights
- Interlocks
- Emergency off switch

Other: Describe:

3C: PURPOSE

Unit #	Indicate the main purpose for using this equipment. Indicate what general types of experiments will be performed with each unit.
1	
2	
3	
4	

3D: TRAINING OF USERS:

Describe who will provide function specific and safety training to users. What topics will the training include, and how will this training be documented? *EHS requires all individuals to take "SBRS 020: General X-Ray Safety for Research" training and receive equipment **specific training from the Permit Holder***

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3E: MAINTENANCE AND REPAIRS:

Explain who is authorized to maintain and repair the unit. Maintain records of all repairs performed on the unit.

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SECTION 3F. SAFE OPERATING PROCEDURES

You may enter the manufacturer's safe operating procedures here or append them to this application. **INCLUDE PPE** use

Check here if safe operating procedures are attached

SECTION 3G. EMERGENCY PROCEDURES

You may enter the manufacturer's emergency procedure procedures here or append them to this application.

Check here if safe operating procedures are attached

SECTION 4: LABORATORY / FACILITY INFORMATION

(Areas you are requesting to use the X-ray equipment)

SUBMIT A FACILITY MAP (may be drawn with detail) INDICATING WHERE X-RAY WILL BE USED

Building	Room Number	Protocol number from Section 3 that will be used in this space.

SECTION 5: PERMIT HOLDER CERTIFICATION

By checking this box:

The undersigned certify that the use of all X-ray devices shall be in accordance with pertinent State and Federal regulations, in addition to SBU, Office of Environment, Health and Safety and Radiation Safety Program policies, procedures, permit conditions and within the limits of this application. I certify that I have reviewed and understand the requirements as outlined in the University Radiation Safety Manual. I understand that any changes or amendments to this permit application must be performed in a separate amendment application and approved by the RSO.

Permit Holder:

Date:

SECTION 6: REVIEW – DO NOT USE

6A. PERMIT MODIFICATIONS REQUIRED

THE ABOVE APPLICATION HAS BEEN REVIEWED BY THE RADIATION SAFETY OFFICER AND THE RADIATION PROTECTION COMMITTEE AND IS NOT APPROVED UNTIL MODIFICATIONS ARE COMPLETED AS DETAILED BELOW.

Comment #	Modifications Required

6B. PERMIT APPROVAL

- 1. THE ABOVE APPLICATION HAS BEEN REVIEWED BY THE RADIATION SAFETY OFFICER AND THE RADIATION PROTECTION COMMITTEE AND IS HERBY APPROVED.**
- 2. THE PERMIT HOLDER MUST ABIDE BY ALL THE CONDITIONS OF THE PERMIT.**
- 3. THE PERMIT SHALL BE ACTIVE FOR A PERIOD OF FIVE (5) YEARS FROM THE APPROVAL DATE INDICATED.**
- 4. FAILURE TO ABIDE BY THE CONDITIONS OF THE PERMIT AND/OR APPLICABLE REGULATIONS CAN RESULT IN THE SUSPENTION OR REVOKATION OF THE PERMIT**

Date Approved	Permit Number	Expiration Date

cc. Permit Holder
 Radiation Safety File
 Department Chair\
 University Radiation Protection Committee (URPC)

PERMIT CONDITIONS: