Machine Use Registration

Name: ____________________________ (Last, First, Middle Initial)  Ofc Ext: ________
Academic Title: ____________________  Lab Ext: ________
E-mail: ____________________________  Mail code: ________
Department: ________________________  Index #: ________
Lab Manager/Contact: ________________  Phone: ________
Lab Manager/Contact e-mail: _____________

Project summary:

________________________________________________________________________
________________________________________________________________________
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All personnel authorized to use radiation-producing machines must submit a Machine User
Enrollment form and be listed below:

________________________________________________________________________
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List all machines to be used:

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<tr>
<th>Make</th>
<th>Model</th>
<th>Serial Number</th>
<th>Location</th>
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List survey meters to be used:

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<tr>
<th>Make</th>
<th>Model</th>
<th>Serial Number</th>
<th>Calibration Date</th>
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</table>

I hereby certify that all information in this statement is true and correct, and authorize the release of any past radiation exposure history from previous employers to UCSD. I have read, understood and will comply with the requirements of UCSD Radiation Safety Manual.

Submitted by: _______________________________  _____/_____/_____

PI Signature  Date

Approved by: _______________________________  _____/_____/_____

Department Chair Signature  Date

Please send to the RSO at mail code 0089 or fax to 858-822-7763.