# Radiation Producing Device (RPD) Permit Amendment

**Please complete and submit it along with any necessary attachments to radiological-safety@tamu.edu or TAMU Environmental Health and Safety via MS. 4472. For further questions, contact EHS and ask for Radiological Safety at (979) 845-2132.**

| **Permit Holder Information:** | | | |
|---|---|---|---|
| Name: | | Permit #: | |
| Department: | | Phone #: | |
| Email: | | | |

**How do you wish to amend your RPD Permit?** (Check all that apply)

| | | | |
|---|---|---|---|
| ☐ | Add a Use Location | ☐ | Add Device |
| ☐ | Remove a Use Location | ☐ | Delete Device |

For the addition or removal of a use location please complete **section A**. For the addition or deletion of new RPD please complete **BOTH sections A and B**.

| **SECTION A:** | | |
|---|---|---|
| RPD SERIAL #: | MANUFACTURER: | MODEL: |
| PROPOSED USE LOCATION (BUILDING/ROOM) | | |
| INVENTORY NUMBER/ASSET TAG: | | |

- ☐ **If adding a new use location, please attach a sketch of the proposed use location indicating the location of RPD(s).**
- ☐ **If adding a new RPD(s), please provide a picture of the RPD(s) to be added.**

| **SECTION B:** | |
|---|---|
| TYPE OF DEVICE (Cabinet X-ray, XRD, XRF, etc.): | |
| MAXIMUM kVp of DEVICE (kV): | MAXIMUM CURRENT (mA): |
| MAX E AND BEAM CURRENT (accelerators only): | NUMBER OF X-RAY TUBES: |

**USE CATEGORY (check all that apply):**

| | |
|---|---|
| ☐ Human *(Healing Arts)* | ☐ Animal Use *(Research)* |
| ☐ Veterinary | ☐ Mobile *(Portable units or operated at temporary sites)* |
| ☐ Industrial | ☐ Research |

| **Statement of Use: Describe the purpose for which the RPD(s) will be used. Include the names and titles of the individuals who will use the device. Use additional sheets, if necessary.** |
|---|
| |
| **Safety Protocols: Describe procedures or engineered safety features which will be used to minimize hazards during operation of the RPD.** |
| |

**Permit Holder Signature**: **Date**:

**Department Head or Designee Signature** *(required for new lab space)*: **Date**: