

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. Contact (979) 845-1361 for any questions.

Permit Holder Information:			
Name:		Permit #:	
Department:		Phone #:	
Email:			
How do you wish to amend your RPD Permit? (Check all that apply)			
<input type="checkbox"/>	Add a Use Location	<input type="checkbox"/>	Add Device
<input type="checkbox"/>	Remove a Use Location	<input type="checkbox"/>	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)		
<input type="checkbox"/> If adding a new use location, please attach a sketch of the proposed use location indicating the location of RPD(s).		
<input type="checkbox"/> If adding a new RPD(s), please provide a picture of the RPD(s) to be added.		

SECTION B:	
TYPE OF DEVICE (e.g. analytical X-ray, fluorescence, etc.):	
MAXIMUM kVp of DEVICE (V):	MAXIMUM CURRENT (mA):
MAXIMUM ENERGY AND BEAM CURRENT (accelerators only):	

USE CATEGORY (check all that apply):	
<input type="checkbox"/> Human (<i>Healing Arts</i>)	<input type="checkbox"/> Animal Use (<i>Research</i>)
<input type="checkbox"/> Veterinary	<input type="checkbox"/> Mobile (<i>Portable units or operated at temporary sites</i>)
<input type="checkbox"/> Industrial	<input type="checkbox"/> 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:
