

X-ray Authorization Amendment Form

Authorized User: _____ Department: _____

Add: Radiation Worker* __Location ____ Machine ____ X-ray Procedure ____

Delete: Radiation Worker ____ Location ____ Machine ____ X-ray Procedure ____
 (Final disposition of deleted equipment must be given including scrapped, cannibalized, or final destination)

Details: _____

*New Radiation Workers must have read the X-ray Safety Manual and must verify by signing their initials. _____

*New Radiation Workers must have received specific X-ray safety training for the radiation hazards in their labs from their Authorized User and must verify by signing their initials. _____

*New Radiation Workers must have attended and passed the URI X-ray Safety Training and must verify by signing their initials. _____

X-ray Machines Data:

Manufacturer	Model	Serial #	Max KV	Max MA	Type

I certify that the information contained herein and attached hereto is true and correct to the best of my knowledge.

 Signature of Authorized User Date

 Signature of Radiation Safety Officer Date

 Approved by Radiation and Laser Safety Committee Date