

REQUEST TO ADD AN INDIVIDUAL TO A MEDICAL OR VETERINARY X-RAY PROJECT

Permission to use x-ray equipment must be granted in advance by the Radiation Safety Section. If you are not listed on the most recent project authorization document issued to the project, complete this form and submit it for approval to the Radiation Safety Section, 339 CSN, M/C 932. If there are any questions, call extension 6-7429 **PLEASE PRINT NAME AND UIN CLEARLY.**

First Name	Middle Initial	Last Name	University Identification Number
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Academic Degree(s): MD PHD Other beyond baccalaureate _____

IMPORTANT: Enter your initials in the boxes for items 1, 2, 3, and 4.

1.
Initials I have read and agree to follow the applicable sections of Chapter 9, *Human Use of Radiation Producing Equipment* and/or Chapter 10, *Veterinary Use of X-Ray Systems* of the UIC Radiation Safety Manual.
2.
Initials I have read the project authorization documents and will comply with the conditions of authorization.
3.
Initials I have received instruction from the project director in the radiation safety precautions that I must follow for the specific work that I will perform.
- 4a.
Initials I have attended a Medical or Veterinary X-Ray Safety Seminar at UIC.
- OR**
- 4b.
Initials I will attend a Medical or Veterinary X-Ray Safety Seminar the next time it is offered. I understand that if I fail to attend the seminar, my permission to use x-ray equipment at UIC will be revoked until the training is completed.

Applicant's Signature	Date
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The Project Director agrees to provide additional instruction to this individual as necessary to ensure that work will be performed safely and in accordance with the conditions of the authorization.

MP ____ - ____ ____ ____

Radiation Project Director's Signature	Radiation Project Number
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For Radiation Safety use only - Please do not write below this line

The applicant is approved to work under this Radiation Project.

Radiation Safety Section Health Physicist	Date
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Original: Project Personnel File Copies (2): Attach one to Authorization Amendment, one to our copy of Amendment

Amendment Created [] By _____ Date _____