

APPLICATION FOR RADIATION USE AUTHORIZATION (RUA) FOR MACHINES PRODUCING IONIZING RADIATION.

Revised: July 2020

MUA Number {For EH&S Use Only} _____

Please TYPE or PRINT all requested information in adequate detail. Use full legal names. Attach any additional information as appropriate. Be sure to sign and date form at end.

1. Principal Investigator _____ Date _____

Office Phone _____

Lab Phone _____

University Position/Title _____ Fax Number _____

Department _____ E-mail Address _____

2. Location of Machines:

Buildings	Rooms

3. Names of Other Personnel Working Under RUA. Indicate if Male (M) or Female (F). {They will need to complete appropriate radiation safety training if they have not previously done so at UCI.}:

4. Radiation-Producing Machines to be Used:

Type of Machine	Manufacturer	Identification		Maximum Parameters	
		Model #	Serial #	kV	mA

Is this New Equipment? Yes No Vendor _____

If Replacement, Give Disposition of Old Equipment _____

Will New Construction or Site Modifications be Required? Yes No

5. Type of Research {Check type. Please submit separate applications for non-human and human use}:

Non-human Use

Human Use

6. Description of Proposed Use of Radiation-Producing Machines {Summarize protocols for each procedure to be utilized. For human use, include copies of research protocols approved by the Institutional Review Board and/or clinical protocols for routine medical uses. For nonhuman use, describe all experimental procedures. If animals are to be used, identify the type of animal, and the number of animals per experiment, per month and per year.}:

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7. Radiation Monitoring Instruments to be Used:

8. Radiation Protection Precautions to be Followed. {Give sufficient information about the methods and/or control devices used to prevent accidental or unnecessary exposure of project personnel, members of the public and patients}:

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I CERTIFY THAT ALL WORK AS DESCRIBED ABOVE WILL BE PERFORMED IN ACCORDANCE WITH ALL FEDERAL AND STATE REGULATORY REQUIREMENTS AND ALL CAMPUS RADIATION SAFETY PROCEDURES.

Signature of Responsible Principal Investigator

Date

RETURN TO RADIATION SAFETY DIVISION, ENVIRONMENTAL HEALTH & SAFETY
4600 HEALTH SCIENCES ROAD, UCI CAMPUS, ZOT CODE 2725