



**UNIVERSITY OF SOUTHERN CALIFORNIA  
RADIATION PROTECTION**

**APPLICATION FOR USE OF RADIATION PRODUCING DEVICES  
WITH ANIMALS**

<b>Authorized User:</b>		<b>Permit Number:</b>
<b>Building:</b>	<b>Room:</b>	<b>IACUC Number:</b>
<b>Telephone Number:</b>		<b>Begin Date:                      End Date:</b>
<b>Project Title (attach a copy of the IACUC application)</b>		
<b>Brief Description of the Project (with emphasis on safety procedures)</b>		
<b>Type of Procedure</b>		<b>Location of Radiation Producing Device</b>
<input type="checkbox"/>	<b>Radiographic</b>	
<input type="checkbox"/>	<b>C-arm</b>	
<input type="checkbox"/>	<b>Portable</b>	
<input type="checkbox"/>	<b>Fluoroscopic</b>	
<input type="checkbox"/>	<b>Bone Densitometer</b>	
<input type="checkbox"/>	<b>Fluoroscopic</b>	
<input type="checkbox"/>	<b>Accelerator</b>	
<input type="checkbox"/>	<b>Irradiator</b>	
<input type="checkbox"/>	<b>Other:</b>	
<b>Personnel</b>		
<b>Name of Device Operator(s):</b>		
<input type="checkbox"/>	<b>Board Certified Radiologist</b>	
<input type="checkbox"/>	<b>Certified Radiological Technologist</b>	
<input type="checkbox"/>	<b>Other: (attach qualifications)</b>	
<b>Personnel Required to be in the Room While Radiation Device is On or Energized</b>		
	<b>Role/Duties:</b>	
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	<b>Role/Duties:</b>	
<b>Procedure For Controlling Personnel Exposure to Radiation:</b>		
<b>Animal Information</b>		
<b>Species of Animal to be Used:</b>		<b>Dose Schedule per Animal:</b>
<b>Total Number of Animals:</b>		<b>Turnover Rate (e.g. #/month):</b>

<b>Describe Handling Procedures and Required Shielding (if applicable):</b>	
<b>Procedures to Follow in the Event of Animal's Sickness or Death:</b>	
<b>Special Requirements as to Care:</b>	
<b>Authorization</b>	
<b>Permit Holder Signature:</b>	<b>Date:</b>
<b>Radiation Safety Officer:</b>	<b>Date:</b>
<b>Animal Resources Director:</b>	<b>Date:</b>