

Designated Radiation Equipment: Application to Register

For questions about this form, contact ehs.info@ualberta.ca.

Instructions

1. Complete and sign the attached application form.
2. Send the completed application form to ehs.info@ualberta.ca. They will contact you to arrange inspection if your facility is in Edmonton. There is no charge for the service if the equipment can be inspected by EHS.
3. If your facility is not in Edmonton you must contact one of the other Authorized Radiation Protection Agencies for compliance verification. There is a charge for their services.
4. You will receive a compliance verification report from the agency performing the inspection of your equipment. You will be required to complete all recommendations to maintain current registration certificate.
5. If you have any question on how to complete the application form or a question concerning the inspection / registration process contact the Radiation Safety Office at 492-5655.

Note: Applications must be submitted at least 30 days prior to the date of anticipated equipment operation.

Part 1 General Information

A. Reason For Application

Equipment: new
 modification
 relocation
 other: _____

Facility: new
 modification
 other: _____

B. Owner Information

Name: _____ Address: _____
Phone: _____ E-mail: _____

C. Type of Facility

research
 education
 dental
 medical
 veterinary
 other – specify below
Specify: _____

D. Type of Designated Equipment

- X-ray: radiographic Laser: Class 3b
 fluoroscopic Class 4
 dental panoramic
 dental pan/ceph
 dental intraoral
 cabinet
 analytical
 cone beam CT
 other – specify below
- Specify: _____

E. Designated Equipment Description

- Installation: Stationary
 Mobile/portable ***For mobile/portable units proper controls must be in place in all locations the device will be used in.**

Manufacturer: _____
 Model: _____ Serial No.: _____
 Date: _____ Tag No.: _____
 Location(s): _____

F. Details of Proposed Use:

Part 2 Equipment Specifications

Please ensure to provide information on all laser wavelengths in use. For optically pumped lasers using *user accessible* laser light as a pump please provide information on both the laser used as a pump (section A) and the laser of which beam is used for routine work (section B).

A. Laser or laser pump			
<input type="checkbox"/> gas	<input type="checkbox"/> solid state	<input type="checkbox"/> other (specify)	_____
<input type="checkbox"/> continuous wave	<input type="checkbox"/> pulsed	Laser eyewear:	_____
	wavelength:	_____ Nm	optical density _____
beam diameter (at 1/e ² pts)	_____ cm	output power:	_____ watts
beam divergence:	_____ mrad	power density:	_____ watts/cm ²
wavelength:	_____ nm	pulse energy:	_____ joules
focal length (lens):	_____ cm	single pulse duration:	_____ usec
numerical aperture (fibre)	_____	pulse repetition	_____ hertz

B. Laser

gas _____ solid state _____ other (specify) _____

continuous wave pulsed Laser eyewear: wavelength: _____ Nm optical density _____

beam diameter (at 1/e ² pts)	_____ cm	output power:	_____ watts
beam divergence:	_____ mrad	power density:	_____ watts/cm ²
wavelength:	_____ nm	pulse energy:	_____ joules
focal length (lens):	_____ cm	single pulse duration:	_____ usec
numerical aperture (fibre)	_____	pulse repetition	_____ hertz

C. X-ray Equipment

mA per irradiation: _____ kVp per irradiation: _____

Time per irradiation (sec) _____ Irradiations/week: _____

Part 3 Personnel

Surname	Given Name	CCID	Equipment Safety Training		Laser	X-ray
			Year	Place		

The information on this form is being collected under the authority of Section 33c of the Alberta *Freedom of Information and Protection of Privacy Act* for the purpose of administering the radiation protection program through the Environment, Health & Safety. Questions concerning the collection, use or disposal of this information should be directed to: Environment, Health & Safety, 3-107, Research Transition Facility, University of Alberta, telephone 780-492-5655

Part 4 Signatures

Applicant Signature

DATE

Department Head Signature

DATE