###### Description of Equipment/Apparatus/Use/Purpose

###### Equipment Specifications

* Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Serial Number\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* (Tube) Operating voltage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ kVp
* (Tube) Operating current: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ mA
* Apparatus is *Fixed Mobile Portable*
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* can be added later

**Location**

* Building name/ number:\_\_\_\_\_\_\_\_\_\_\_
* Room number: \_\_\_\_\_\_\_\_\_\_ (storage), \_\_\_\_\_\_\_\_\_\_\_\_\_ (experiment)
* Room characteristics:
* Shielding ***present*** or *to be* ***installed*:**
* Shielding potential: *Good* 🡪*---------*🡪*---------*🡪*Poor*

###### Duty Cycle

The equipment will produce accessible radiation for \_\_\_\_\_\_ % of time when being used.

###### Operator Exposure

Not Possible Unlikely Possible Likely Potentially Significant

Discuss:

###### Operating Instructions/Guidelines/Warning Notices

Please attach a copy of operating instructions, guidelines for use, and warning notices to be provided to users.

###### Training Requirements/Recommendations

* Local area induction program (Tier 2).
* Onsite supervisor/training/instruction.
* ANU radiation safety course.
* Non- radioactive experimental trail run (if this has already been conducted- please provide details/outcomes).
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Personal Protective Equipment to be provided/used

* Safety glasses/Face shield.
* Gloves (type :\_\_\_\_\_\_\_\_\_\_\_\_)
* Lab coat.
* Other: \_\_\_\_\_\_\_\_\_\_\_\_

###### Type of Radiation Monitoring to be conducted

* Personal (OSL Monitor).
* Finger badge.
* Contamination detection.
* Dose rate monitoring.

###### Other Control Measures