



Enrollment Form for
Researchers Using Radiation Producing Machines

Last Name: [] First Name: [] Middle Initial: []

Last 4 Numbers of SSN: XXX-XX-[] Date of Birth: [] Sex: []

Email: [] Mail Code: [] Phone: []

Principal Investigator: []

Proposed Machine Use

Table with 5 columns: Make, Model, Serial Number, Building, Room Number. Row 1: Rigaku, GeigerFlex DMax/IIB, LD2724N, CMRR, 1A/B

* Will you be performing fluoroscopy, or will you be directly next to the subject while fluoroscopy is being performed? ... Yes No

* Will you be performing x-ray tube alignment or operating an open beam x-ray unit non-remotely? ... Yes No

* Will you be operating a mobile x-ray unit? ... Yes No

Please submit a Dosimetry Request Form if you answered "Yes" to any of the above questions.

SUBMIT TO EHSRAD@UCSD.EDU AND FAX TO EXT. 2-7763

