

**X-RAY DEVICE REGISTRATION FORM
INDIANA UNIVERSITY – BLOOMINGTON**

Principal Investigator Information

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|-----------------|
| Name: |
| Department: |
| Campus Address: |
| Phone Number: |
| E-mail Address: |

X-ray Device Identification

| |
|----------------------|
| Type: |
| Manufacturer: |
| Date of Manufacture: |
| Model: |
| Serial Number: |
| Location: |

Operating Characteristics

| | | |
|--|----------------|--------|
| Target (anode): | | |
| Maximum (mA): | Maximum (kVp): | |
| Interlocked Enclosure of Primary Beam? | Yes () | No () |

Principal Investigator: _____ Date: _____
Signature

**Submit form to: Radiation Safety Office,
 Jordan Hall 071**