

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

Principal Investigator Information

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**