X-RAY INSTRUMENT REGISTRATION FORM

**STEP 1: LOCATION INFORMATION**

|  |  |
| --- | --- |
| **Building Name** |  |
| **Room Number: (sub-rooms addressed separately)** |  |
| **Number of doors leading to the space** |  |
| **Is there existing** [**signage**](http://rms.ubc.ca/health-safety/research-safety/general-lab-safety/) **indicating X-RAYS are present?** |  |



**STEP 2: UNIT DESCRIPTION**

|  |  |
| --- | --- |
| **Parameter** | **Description** |
| **Manufacturer** |  |
| **Model #** |  |
| **Serial #** |  |
| **Type (XRD, Dental, Crystallographic, etc)** |  |
| **Peak kilovoltage (kVp)** |  |
| **Max current (mA)** |  |
| **Use (Research, Teaching, etc)** |  |
| **Use Frequency (daily, weekly, monthly)** |  |

**STEP 3: EMERGENCY CONTACT INFORMATION:**

|  |  |  |
| --- | --- | --- |
|  | **Principal Investigator** | **Responsible Individual** |
| **Name** |  |  |
| **Position** |  |  |
| **Office Phone Number** |  |  |
| **Emergency Phone Number** |  |  |
| **Email** |  |  |

**STEP 4: SUBMISSION**

Once completed, please send to researchsafety@rms.ubc.ca. All information collected will be kept secure and provided only to First Responders on a need to know basis. You may be contacted about establishing or updating your [Laboratory Hazard Signag](http://rms.ubc.ca/health-safety/research-safety/general-lab-safety/)e if the information you have provided differs from what we currently have recorded for your space.