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| **Radiation Use Authorization (RUA)**  ***Radiation Producing Equipment***  When you have completed the form, please send a signed word version to[**irsc@KAUST.edu.sa**](mailto:irsc@KAUST.edu.sa)**.** | |
| **General Information** | |
| **Application Type** | Choose |
| **Principal Investigator** | Click or tap here to enter text. |
| **PI email** | Click or tap here to enter text. |
| **Build Room *(e.g.B5-1234)*** | Click or tap here to enter text. |
| **Phone # office and mobile** | Click or tap here to enter text. |
| **Lab Safety Representative** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Phone # office and mobile** | Click or tap here to enter text. |
| **Build Room *(e.g.B5-1234)*** | Click or tap here to enter text. |

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| **Equipment Details** |

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| **Description of Equipment** *(e.g. SEM, XRD, CT, etc.)* | Click or tap here to enter text. |
| **Lab Location** *(e.g.B5-1234)* | Click or tap here to enter text. |
| **Manufacturer Model** | Click or tap here to enter text. |
| **Max Tube Voltage** *(kV)* | Click or tap here to enter text. |
| **Max Tube Current** *(mA)* | Click or tap here to enter text. |
| **Estimated date of delivery** | Click or tap here to enter text. |
| **HSE equipment specific mandatory training, please select:** | [SEM/TEM Training](https://lms.salutesafety.com/course/view.php?id=48)  [X-ray Analysis Equipment Safety Training](https://lms.salutesafety.com/course/view.php?id=27) |
| **Other Specialized training, please describe:** | Click or tap here to enter text. |
|  | |

If you want to repeat this table, click on the plus sign located on the bottom right side of the table

**Certification and signature:**

**Authorized Users:**

The PI is responsible for ensuring that personnel have completed all HSE required training, and are adequately trained in the study specific procedures. *Authorized User and Dosimetry form* must be completed and attached for users who are working with open X-ray beam devices or upon the Radiation Safety Officer request.

The PI is responsible to notify the [RSO and IRSC](mailto:rso.dl@kaust.edu.sa) before any of the following actions:

* First operation of equipment
* Movement of equipment
* Modification of equipment
* Calibration of equipment
* Maintenance of equipment
* Transfer of equipment
* Disposal of equipment

**PI Name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Signature: **