

Please include all required information below for your application.

Note that x-ray machine approval from the Ontario Ministry of Labour is currently taking several months. Please plan accordingly and submit your application to Health Physics as early as possible.

For more information, refer to McMaster [RMM 701: X-ray Safety Program](#).

A) General Information

Criteria	Information
Project Supervisor (Permit Holder) <ul style="list-style-type: none"> • Name • Position/title • Contact (email & phone) 	
X-Ray Supervisor <ul style="list-style-type: none"> • Name • Position/title • Contact (email & phone) 	
Location of x-ray machine (building & room number)	
Manufacturer	
Model	
Serial number (if known at this time)	
Maximum tube energy	
Maximum tube current	
Maximum workload/beam on time <ul style="list-style-type: none"> - per week/month/year (whichever is most convenient) 	
Cabinet system (yes/no)	
Will the x-ray machine be used on humans (yes/no)	

Additional Information Required for all machines:

- A brief description of the intended use of the machine.
- Manufacturers information on the x-ray machine (brochure, data sheet, operating manual, etc.)
 - This should also include safety system information, including interlocks, x-ray “beam on” lights, and emergency off buttons.
- Any x-ray safety procedures that will govern work with the x-ray machine
- Names, positions, and email addresses of staff who will be using the machine (if known at this time).
- Procedures that describe how access to or operation of the x-ray machine will be controlled.

B) Cabinet systems only:

1. Attach a scale floor plan of the room showing the location of the machine within the room.
2. Attach either manufacturers specifications or the results from a radiation survey of the outside of the unit conducted by the manufacturer showing what, if any leakage is present outside the cabinet. Cabinet systems must have a dose rate that does not exceed 5 $\mu\text{Sv/h}$ at any accessible point 5 cm from the external surface.
3. Describe or provide manufacturer information on the interlock system that will interrupt operation (“beam on”) when triggered.

C) Open beam (non-cabinet) systems, or cabinet systems that allow the entry of a person:

1. Attach a scale floor plan of the room showing:
 - The location of the machine within the room
 - The orientation of the x-ray beam
 - The location of the safety systems; e.g. pre-irradiation warnings, “beam-on” indicators, and emergency stop devices
 - The composition and thickness of the walls, floor, ceiling, and doors of the room where the x-ray machine will be used.
 - The height of the room where the x-ray machine will be used.
 - The purpose/use of any areas adjacent to the x-ray room, including above or below.
2. Provide a description for the function of the safety systems identified above.

D) Machines that will be used on humans (to be registered with the Ministry of Health)

1. Radiation Protection Officer

Name	
Position/title	
Contact (email & phone)	
Regulatory College Registration Number (i.e. CPSO)	

2. If the machine is to be operated by individuals who are not medical radiation technologists or physicians, provide the name, title and contact information of the qualified supervisor who will oversee the use of the machine.

3. Description of the quality assurance tests to be completed on each day that the machine is used.

Application submitted on: _____
(Date)

Application submitted by: _____
(Name)