

Laser, Superconducting Magnet, X-ray Unit and Ultraviolet (UV) Light

Notification Form

Equipment Type: Laser___ MRI / NMR___ X-ray Unit___ Ultraviolet (UV) Light___

Lab Contact Information:

Contact Name: _____ Phone/email: _____
Lab Location: _____ Department: _____

Laser Information:

Manufacturer: _____ Model/Serial #: _____
Class: _____ (only 3b or 4)

General Usage Description: _____

MRI/NMR Information:

Manufacturer: _____ Model/Serial #: _____
Static Magnetic Field Rating: _____ (tesla)

General Usage Description: _____

X-ray Unit Information:

Manufacturer: _____ Model/Serial #: _____

General Usage Description: _____

Ultraviolet (UV) Light Information:

Manufacturer: _____ Model/Serial #: _____

General Usage Description: _____

Business Manager or Lab Contact's Signature: _____ Date: _____

Submit to: Radiation Safety Office, Campus Box 8053 Fax: 362-4776, Phone: 362-3476