

Non-Ionizing Radiation Equipment

Description of Equipment/Apparatus/Use/Purpose

Equipment Specifications

- Make: _____
- Type: _____
- Model: _____
- Serial Number* : _____
- Non- Ionizing Radiation emitted:
 - Ultraviolet*
 - Visible*
 - Infrared*
 - Microwave*
 - Radiofrequency*
 - Static Fields*
- Wavelength: _____
- Frequency: _____
- Energy/ Power: _____

* can be added later

Location

- Building name/ number: _____
- Room number: _____ (storage), _____ (experiment)
- Room characteristics:
 - Shielding **present** or **to be installed**: _____
 - Shielding potential: *Good* → ----- → ----- → *Poor*

Duty Cycle

The equipment will produce accessible radiation for _____ % of time when being used.

Operator Exposure

- Not Possible*
- Unlikely*
- Possible*
- Likely*
- Potentially Significant*

Discuss: _____

Operating Instructions/Guidelines/Warning Notices

Please attach a copy of operating instructions, guidelines for use, and warning notices to be provided to users.

Training requirements/recommendations

- Local Induction Program.
- Onsite.
- Budget unit radiation training course.
- Manufacturer's training course.
- Other: _____

Type of Radiation Monitoring to be conducted

Other Control Measures
