

---

## Radiation Producing Machine Action Request Form

---

**Instructions:**

- This form must be submitted to REHS prior to unit removal or acquisition
- Fax this form to REHS at 732-445-3109 or use the Web version at <http://rehs.rutgers.edu/>

Please check one of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Acquisition of new unit                | <input type="checkbox"/> Disposal of Unit: |
| <input type="checkbox"/> Reactivation of stored/out of use unit | <input type="checkbox"/> Sell              |
| <input type="checkbox"/> Relocation of unit                     | <input type="checkbox"/> Donate            |
| <input type="checkbox"/> Storage Request – Unit out of use      | <input type="checkbox"/> Junk              |

**AUTHOREE:**

\_\_\_\_\_

(Name of Person in Charge of Unit)

**UNIT:**

\_\_\_\_\_

(Manufacturer)

\_\_\_\_\_

(Model, Serial Number)

\_\_\_\_\_

(Type: X-Ray, Electron Microscope, etc)

**ACTION DATE:**

\_\_\_\_\_

(Date of acquisition or desired disposal/relocation date)

**PREVIOUS OR CURRENT  
LOCATION (IF APPLICABLE):**

\_\_\_\_\_

(Building and room number)

**FUTURE LOCATION:**

\_\_\_\_\_

(Building and room number)

**REQUESTOR:**

\_\_\_\_\_

(Name, if different from authoree)

\_\_\_\_\_

(Phone number)

**Contact REHS at 732-445-2550 with any questions or problems**