X-Ray Equipment Operator Registration Form
Northern Illinois University
Office of Research Compliance and Integrity

Name (print): _____________________________________________________________

E-mail address: __________________________________________________________

Department: ____________________________ Phone: ___________________________

Building: ____________________________ Room: _____________________________

Principal Investigator (print): _____________________________________________

Previous Training and Experience: Please complete the following. If no experience, check here ___ and skip this section.

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Location and Dates</th>
<th>On the Job</th>
<th>Formal Course?</th>
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</thead>
<tbody>
<tr>
<td>Biological effects of x-ray radiation</td>
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<tr>
<td>Principles and practices of x-ray use</td>
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<td>Use of protective equipment for x-rays</td>
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<td>Emergency response procedures for x-ray equipment</td>
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</table>

List types of x-ray equipment (diffraction, fluorescence, medical, etc.) previously used:

X-ray Equipment Operator Signature Block

I acknowledge that I have received the X-Ray Safety Handbook and all Lab-specific SOP’s, and I agree that I will abide by all required policies and procedures contained therein.

X-ray Worker Signature ____________________________ Date ________________

Principal Investigator/Supervisor Signature Block

I certify that I will train and supervise this x-ray operator in the safe use of x-ray equipment described in my standard operating procedures as specified in the X-ray Safety Handbook before allowing him/her to operate the x-ray equipment.

Principal Investigator/Supervisor Signature ____________________________ Date ________________

When completed send through Campus mail to Office of Research Compliance and Integrity, attn. Michele Crase