

X-Ray Equipment Operator Registration Form

Northern Illinois University

Department of Environmental Health and Safety

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.

Type of Training	Location and Dates	On the Job	Formal Course?
Biological effects of x-ray radiation			
Principles and practices of x-ray use			
Use of protective equipment for x-rays			
Emergency response procedures for x-ray equipment			

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

Principle 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.

Principle Investigator/Supervisor Signature Date

When completed fax to 815-753-6294 or through Campus mail to Environmental Health & Safety, attn. Dave Scharenberg