



Radiation Safety  
100 Oak Creek Building  
Corvallis, OR 97331-7404

### VETERINARY X-RAY OPERATOR RADIATION SAFETY TRAINING / PRIOR DOSE STATEMENT

I hereby certify that, to the best of my knowledge, my total occupational radiation dose from sources other than at Oregon State University facilities is:

- None. (I have received no prior occupational dose)
- I have been monitored for radiation dose at another place of employment in the past. I have listed the name and address of the employer and dates of employment on the back of this form.
- I am currently being monitored for radiation dose at another place of employment. I have listed the name and address of the employer on the back of this form.
- I have received occupational radiation dose during the current calendar year (\_\_\_\_\_) as follows:
  - January 1 - March 31
  - April 1 - June 30
  - July 1 - September 30
  - October 1 - December 31

I will operate an x-ray machine. Complete this section only if you will be operating an x-ray machine. You must also submit a completed Veterinary X-ray Machine Operational Training Acknowledgement.

I hereby certify that I have received a minimum of twenty (20) hours of radiation safety training for veterinary x-ray operators. The training included instruction in the following subjects: nature of x-rays; interaction of x-rays with matter; radiation units; principles of the x-ray machine; biological effects of x-rays; principles of radiation protection; low dose techniques; applicable radiation regulations; darkroom and film processing; and film critique.

Check one:

- I am a licensed veterinarian.
- I am a Veterinary Technician licensed in the state of Oregon (copy of license must be attached).
- All others: I have attached documentation (certificate or transcripts) showing that I have completed 20 hours of training in x-ray use and safety

**OR**

I will assist with x-rays but will not operate an x-ray machine. I understand that documentation must be submitted if my status changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
ID Number  
(circle one: OSU ID or other, do not use SSN)

\_\_\_\_\_  
Date of birth  Male  Female

**For Radiation Safety Use Only**

- This individual **is not** likely to receive exposures requiring monitoring per OAR 333-120-210; records of prior occupational dose **are not** required.
- This individual **is** likely to receive exposures requiring monitoring per OAR 333-120-210; records of prior occupational dose **are** required (see attached).
- This individual has received Agency-approved training.     Certification/transcripts attached.
- N/A

Reviewed by \_\_\_\_\_  
Radiation Safety representative

\_\_\_\_\_  
Date

**Return form to Radiation Safety**



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### Veterinary X-ray Machine Operational Training Acknowledgement

I hereby acknowledge that I have been instructed in the proper operating procedures; location and significance of the various radiation warning and safety devices; precautions necessary to minimize exposure for the following x-ray system(s):

Make	Model	Serial #	Location

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

This individual has demonstrated competency in the safe use of the x-ray equipment listed above and associated x-ray procedures.

*Note: The instructor signature must be from an authorized x-ray instructor for the Radiation Use Authorization. This is usually the Program Director or Lab Contact. If you have questions about the authorized trainer, please contact Radiation Safety.*

\_\_\_\_\_  
 Instructor signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

### Return form to Radiation Safety

Reviewed by:

\_\_\_\_\_  
 Radiation Safety

\_\_\_\_\_  
 Date