VETERINARY X-RAY OPERATOR
RADATION 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

______________________________  ________________________________ ências
Email address                        ID Number                        Date of birth
(circle one: OSU ID or other, do not use SSN)

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
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):

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<th>Make</th>
<th>Model</th>
<th>Serial #</th>
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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 _____________

Distribution: Original - RSO; copies - Program Director