Radiation Safety
100 Oak Creek Building, Corvallis, Oregon 97331-7404
T 541-737-2227 | **F** 541-737-9090 | http://oregonstate.edu/ehs/rso

Analytical and Cabinet 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 prevent 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 trainier, please contact Radiation Safety.*

Instructor Signature _____ Printed Name _____ Date _____

Please indicate date dosimetry is needed: _____

Return form to Radiation Safety

Reviewed by:

Radiation Safety Representative _____ Date _____

cc: Program Director/individual/RSO files