



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