X-RAY EQUIPMENT SAFETY TRAINING PART II

Please meet with your Principal Investigator or equipment supervisor to complete this hands-on training.

Name: ____________________________  Net ID: ________________________________
Email: ____________________________  PI: ____________________________________

EQUIPMENT INFORMATION

To be filled out by PI or equipment supervisor.

Type of X-Ray Equipment (XRF, XRD, etc.): ___________________________________________
Manufacturer: ___________________________  Model: ____________________________
Serial #: ________________________________  Location: __________________________

REQUIRED TOPICS

To be filled out by PI or equipment supervisor.

All the following topics are required to be reviewed for this training to be considered complete.
Please check off each box to indicate you have reviewed the topic. Incomplete forms will be returned.

____ Personal Monitoring Devices: Use, storage, exchange, and results
____ Administrative Controls: Review of any SOPs, techniques, or other documents
____ Identification of radiation hazards associated with the use of the equipment
____ Safety Devices: Interlocks, labels, limitations of use
____ Preventing Personal Exposure
____ Emergency Procedures & Phone Numbers
____ Instrument Malfunction: Identifying and reporting unsafe conditions or operational changes
____ Security: Preventing unauthorized access during procedures and preventing unauthorized use when unit is left unattended

PI or Equipment Supervisor Name (print): __________________________________________________
PI or Equipment Supervisor Signature: _____________________________________________________
Date Training Completed: _______________________________________________________________

Please return completed form to EHS Training Coordinator.

BY EMAIL
safetytraining@yale.edu

OR

BY MAIL
EHS Training Coordinator
135 College Street, Suite 100
New Haven, CT 06510