

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