

**DOCUMENTATION OF TRAINING
FOR USE OF ANALYTICAL X-RAY SYSTEMS
Indiana University - Bloomington**

Name:	Department:
E-mail Address:	Campus Phone #:
Birth Date:	Principal Investigator:

_____ Completed online *Radiation Safety Training* and read associated *Radiation Safety Guide* Date: _____

_____ Completed *X-Ray Safety Exam* Date: _____

_____ Instructed by Principal Investigator in safe operating procedures Date: _____

I have completed online *Radiation Safety for Analytical X-ray Systems* and read the associated *Radiation Safety Guide*. I have also received additional instruction on the specific procedures for safely conducting my work with x-ray equipment. I agree to observe these procedures during the course of my work at Indiana University.

Applicant Signature: _____ Date: _____

I hereby authorize this individual to work with analytical x-ray equipment in my laboratory at Indiana University. I will provide adequate supervision and any additional training necessary to ensure that all x-ray safety procedures are observed during the course of his/her work.

Principal Investigator Signature: _____ Date: _____

Submit this form (and exam) to: Radiation Safety Office, Jordan Hall 071

Additional Requirements for Open Beam (non-enclosed) systems:

Radiation Safety Officer onsite Review of Safe Operating Procedures

RSO Signature: _____ Date: _____

Ring Dosimeter Issued (Date): _____