X-RAY USER REGISTRATION FORM
(Une version française est disponible)

X-Ray user information:

Surname:	First Name:	Employee/Student No.:
Faculty:	Department:	Position:
Building:	Room #:	Lab. tel. No.:
Email:		

Supervisor information:

Surname:	First Name:	Phone or Extension:
Position:	Email:	

Section 1: Information on the X-ray Emitting Device You will be Using

Device name:	Location:	Permit No.:
Description:		
Your use (hours/week):		
Lab emergency contact:		
Surname:	First name:	Phone or Extension:

Section 2: Training and Experience

1. Previous Training	Yes No	Location: _____ Date: _____
2. Experience	Yes No	Number of years: _____
3. uOttawa training a. In-lab practical training	Yes No	Safety issues addressed: Date: _____
b. Web based training	Yes No	Date: _____

Section 3: Safety Test

Please fill out the following safety test. One answer per question.

1. X-rays are produced by:
   Compton Scattering   Photoelectric Effect
   Beta-decay   Bremsstrahlung process

2. Which would be the most appropriate shielding material to protect against X-ray exposure:
   Plastic   Lead
   Concrete   Paper

3. The maximum permissible whole-body dose per year for members in general public is:
   0.1 mSv   1 mSv
   5 mSv   50 mSv

4. Which part of the human body absorbs the most X-ray radiation:
   Muscle   Fact
   Bone   Brain

5. As an X-ray user, if you encounter an instrument being repaired, you:
   Stay away   Make adjustment
   Try to fix it   Ignore it

6. What does ALARA stand for:

7. Name 4 ways to maintain the ALARA principle:
   a. _____ b. _____
   c. _____ d. _____

8. Name 4 types of X-ray protective equipment:
   a. _____ b. _____
   c. _____ d. _____

9. What are the 3 major causes of accidental X-ray exposure:
   a. _____ b. _____
   c. _____

10. Name 3 types of non-beam hazards associated with X-ray equipment:
   a. _____ b. _____
   c. _____

Mark: ____/10

Section 3: Declaration and Signature

I hereby declare that I have been informed of the risks associated with the X-ray system indicated herein and the safety considerations, which will minimize my risk of exposure. These considerations apply to an X-ray system with operational interlocks, which prevent leakage of X-rays. Should this safety feature not be present, additional training is required. I agree to abide by all the conditions associated with the permit and to follow all procedures and practices of the laboratory in which I will be working.

_____   _____

User's Signature   *Date*

_____   _____

Supervisor's Signature   *Date*