

**Mount Holyoke College
X-Ray Training Record**

Researcher's name: _____

MHC ID #: _____ DOB: _____
[Must be 18 years or older]

Staff/ Student/Faculty: _____ Class Year: _____

Name of Principal Investigator (PI): _____

I have received training in the use of Portable Handheld X-ray Fluorescent instruments.

This training included the following topics:

- Review of radiation safety manual
- Management and user responsibilities under the Mount Holyoke College Radiation Protection Program
- Background radiation, dose limits and risk from occupational exposure
- Radiation safety protocols, operating policies, and control of radiation exposure
- Purpose and function of protective equipment, radiation measuring equipment and personnel dosimeters
- Training specific to the device(s) being used

I received radiation safety training as per the requirements of 105CMR120.752, "*Instruction to Workers*". I understand my rights and responsibilities under Massachusetts Department of Public Health Radiation Control Program regulations for using x-ray generating devices. I understand the health risks associated with occupational radiation exposure and the precautions necessary to minimize my occupational radiation exposure. I understand the Mount Holyoke College procedures for the safe and proper use of ionizing radiation. I accept the responsibility of performing my assignments and using my dosimeters in accordance with the procedures of the Mount Holyoke College Radiation Protection Program and those taught to me by authorized principal investigators. I will only use ionizing radiation in protocols and/or experiments that have been approved by my Principal Investigator.

Signature of Researcher: _____

Date: _____

Signature of PI: _____

Send a copy of this Training Record to Environmental Health and Safety