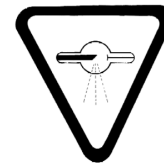


## X-RAY USER REGISTRATION FORM

(Une version française est disponible)



Return to: X-Ray Compliance Specialist  
Office of Risk Management  
1 Nicholas Street, Suite 840  
Ottawa, ON K1N 7B7  
Phone: (613) 562-5800 ext.2000 Fax: (613) 789-5711

Received: \_\_\_\_\_

### X-Ray User Information:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Employee / Student No.: \_\_\_\_\_  
 Faculty: \_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Lab. tel. #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Building: \_\_\_\_\_ Room #: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Supervisor Information:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone or Extension: \_\_\_\_\_  
 Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

### SECTION 1: INFORMATION ON THE X-RAY EMITTING DEVICE YOU WILL BE USING

Device Name: \_\_\_\_\_ Location: \_\_\_\_\_ Permit #: \_\_\_\_\_  
 Description: \_\_\_\_\_ Your use (hours/week) : \_\_\_\_\_

#### Contact Information:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone or Extension: \_\_\_\_\_

### SECTION 2: TRAINING AND EXPERIENCE

1. Previous training	<input type="radio"/> Yes <input type="radio"/> No	Location: _____ Date: _____
2. Experience	<input type="radio"/> Yes <input type="radio"/> No	Number of Years: _____
3. uOttawa Training Program		Safety Issues Addressed
a. In-lab practical training	<input type="radio"/> Yes <input type="radio"/> No	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Date: _____
b. Watched "X-Ray Diffraction Hazards" video	<input type="radio"/> Yes <input type="radio"/> No	Date: _____ <a href="http://www.uottawa.ca/services/ehss/x-ray-safety-prgm.html">www.uottawa.ca/services/ehss/x-ray-safety-prgm.html</a>
c. Viewed web-based training presentation "Analytical X-Ray Training"	<input type="radio"/> Yes <input type="radio"/> No	Date: _____



# X-RAY USER REGISTRATION FORM

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uOttawa

L'Université canadienne  
Canada's university

## SECTION 3: SAFETY TEST

Date: \_\_\_\_\_

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 a non-pregnant worker is:

- 0.5 mSv                           50 mSv  
 5 mSv                               500 mSv

4. Which part of the human body absorbs the most X-ray radiation?

- Muscle                               Fat  
 Bone                                  Brain

5. As an X-ray user, if you encounter an instrument being repaired, you:

- Stay away/don't touch       Make adjustments  
 Try to fix it                       Ignore it

6. What does ALARA stand for?

7. Name four (4) ways to maintain the ALARA principle:

- a. \_\_\_\_\_ c. \_\_\_\_\_  
b. \_\_\_\_\_ d. \_\_\_\_\_

8. Name four (4) types of X-ray protective equipment:

- a. \_\_\_\_\_ c. \_\_\_\_\_  
b. \_\_\_\_\_ d. \_\_\_\_\_

9. In your words, what are three (3) major causes of accidental X-ray exposure?

- a. \_\_\_\_\_ c. \_\_\_\_\_  
b. \_\_\_\_\_

10. Name three (3) types of non-beam hazards associated with X-ray equipment.

- a. \_\_\_\_\_ c. \_\_\_\_\_  
b. \_\_\_\_\_

Mark:  /10

## SECTION 4: 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: \_\_\_\_\_

X-Ray Compliance Specialist's Initials: