

Name : _____ UIN _____

X-ray Safety Release form for the X-ray Diffraction Laboratory

Department of Chemistry, Texas A & M University

Answer **YES** (I am aware of) or **NO** (I am not aware of)
in the box preceding the statement.

By signing this form you certify that you are aware of :

- _____ The Location of Radiation Producing devices in rooms 2407, 2409 and 1424.
- _____ The Location of the Emergency electrical shutoff switch for all instruments
- _____ The Location of the Emergency electrical shutoff switch for the room (excluding instruments)
- _____ The Location of the Emergency electrical shutoff switch for each instrument
- _____ The Location of the Emergency exits
- _____ The Emergency procedures in case of fire
- _____ The Emergency procedures in case of chemical accidents
- _____ The Emergency procedures in case of X-ray exposure
- _____ The Location of operational safety procedures and list of users

The Specific instrumentation safety features

- _____ Safety shutter – operation
- _____ Rotary shutter – operation (Single-Crystal instruments)
- _____ Front, side and rear panel(doors) – operation
- _____ Power connection and disconnection
- _____ Radiation hazard work area
- _____ Energizing X-rays
- _____ De-energizing X-rays

The Use of Radiation Surveillance Equipment

- _____ Audio hand-held pancake meter
- _____ Audio hand-held meter
- _____ Non-audio hand-held meter
- _____ The Operation of instrumentation during data collection
- _____ The Location of the Posted Safety Instructions
- _____ The Location of the Posted Safety Signs
- _____ The location of the Posted Emergency numbers
- _____ The Responsibilities of
 - _____ Responsibilities of Texas A & M University
 - Responsibilities of workers
 - _____ Do not repair or modify any part of the X-ray instrument.
 - _____ Do not engage in unauthorized or illegal experiments
 - _____ Report all accidents immediately to the laboratory manager.
 - _____ Location of X-ray documents and records concerning this location

Please Read. Sign and Date :

I, _____ have been instructed on the safety topics listed above.

(Print your name)

I understand and will comply with all safety procedures.

Signature : _____ Date : _____

Principle Investigator : _____ Department _____

Authorized Instructor's Signature : _____ Date : _____

To complete this form bring it to room 2408 (Chemistry) between 9:30am to 4:30 pm MTWR