



# Western

Centre for Functional  
and Metabolic Mapping

## STANDARD OPERATING PROCEDURES

### Signature Sheet: Level 2 MRI Personnel

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Please Print* *dd/mm/yyyy*

**Investigator/Supervisor:** \_\_\_\_\_

I have read and understood the SOP's listed below, and I agree to follow all policies and procedures outlined therein.

SOP#	SOP Name	Signature
100a	MRI Facility Safety Zones	_____
100b	MRI Facility Access Approval Policy	_____
100c	Subject Screening and Approval Policy	_____
110	MRI Facility Visitor Approval Policy	_____
120	General Safety	_____
130	MRI Personnel Training	_____
140	Emergency Code Blue	_____
150	Emergency Fire	_____
160	Emergency Quench	_____
200	General Experimental	_____
210	New Protocols and Ethics	_____
220	System Billing Guide and Standard Rates	_____
230	Incidental Findings	_____
240	MRI Equipment Handling and Procedures	_____
250	MRI Data Handling	_____
260	Unassisted Scanning: Policies and Operator Training	_____
300	3T MRI System Start-Up and Shutdown	_____
310	3T MRI End of Session Protocol	_____
320	3T MRI Black & Brown Out	_____
330	7T MRI System Start-Up and Shutdown	_____

- Also complete and attach:  Appendix 1: Magnetic Resonance Environment Screening Form  
 Appendix 3: Safety Training Checklist: Level 2 MRI Personnel  
 Appendix 6: Security Access Request Letter