



Western

Centre for Functional
and Metabolic Mapping

STANDARD OPERATING PROCEDURES

Signature Sheet: Level 1 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	_____

- Also complete and attach: Appendix 1: Magnetic Resonance Environment Screening Form
 Appendix 5: Safety Training Checklist: Level 1 MRI Personnel
 Appendix 6: Security Access Request Letter