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| Standard Operating Procedures  **Appendix 1: Signature Sheet and Safety Checklist:** MRI Research Personnel |

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| **MRI Research Personnel**may include, but are not limited to, researchers, staff, students, study coordinators and other individuals whose presence is necessary for the successful execution and completion of the research project. |

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| Contact Information: | |
| Name: | Date: |
| Department: | Email: |
| Principle Investigator/Supervisor: |

|  |  |  |
| --- | --- | --- |
| **SOP#** | **SOP Name** | **Signature** |
| 100 | MRI Safety Zones | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 105 | General Safety | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 110 | MRI Personnel Training | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 115 | MRI Facility Access | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 135 | General Experimental | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 140 | New Studies and Ethics | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 145 | MRI Scheduling, Rates and Invoicing | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 150 | Unanticipated Problem Reporting | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 155 | MRI Peripheral Devices | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 160 | MRI Data Handling | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

By signing the above you acknowledge you have **read and understand** the SOP’s listed and agree to follow all policies and procedures outlined therein. Please complete this form, digitally sign and submit to [cfmm@uwo.ca](mailto:cfmm@uwo.ca).

<< Next page – MRI Safety Orientation Checklist >>

Please complete and submit a **Magnetic Resonance Environment Screening Form** to [cfmm@uwo.ca](mailto:cfmm@uwo.ca) prior to your first MRI or training session.

**MRI Safety Orientation:**

MRI Safety Zone Locations & Entry Requirements

5 Gauss Safety Line (Zone III)

General Safety

Review Magnetic Resonance Environment Screening Form

|  |  |
| --- | --- |
| For: The CFMM (the TRAINER) | For: MRI Level 1/2 Personnel (the TRAINEE) |
|  |  |
| *Signature* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Signature* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | Date: |