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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:       |

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| **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.

<< Next page – MRI Safety Orientation Checklist >>

Please complete and submit a **Magnetic Resonance Environment Screening Form** to 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

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