## **Translational Imaging Research Facility**



## Safety Training Checklist: Level 1 Personnel

Name:	Date:
Principal Investigator/Supervisor:	
EMERGENCY CONTACTS	EMERGENCY PROCEDURES
<ul> <li>□ Contact Names and Numbers</li> <li>□ Contacting GE Service</li> <li>□ Calling 911</li> <li>□ Dialing 55555</li> <li>□ Reporting Incidents</li> </ul>	<ul> <li>□ General MRI Safety</li> <li>□ Emergency Fire Procedure</li> <li>□ Emergency Code Blue</li> <li>□ Magnet Quench Procedure</li> <li>□ System         Shutdown/Restart</li> <li>□ System Problems/Errors</li> </ul>
MRI SAFETY	·
□ Documentation/Review SOP's □ Self and Equipment Screening □ Eye Wash Stations/Shower □ Location of Fire Extinguishers □ MRI Emergency Buttons □ Crash Cart/CPR First AID □ Link Release	BOOKING 3T SCAN TIME/BILLING  Email Addresses/Contacts  MR Bookings Procedure  Hourly Rates  Walk On Policy  Cancellation Policy  Recording System Use
□ B <sup>O</sup> Magnet	WHMIS BINDER
<ul> <li>□ Table/Couch</li> <li>□ Gradients</li> <li>□ RF shield (Faraday Cage)</li> <li>□ Wave Guides</li> </ul>	<ul><li>□ WHMIS review</li><li>□ MSDS sheets</li></ul>
☐ Cabinets	SECURITY ACCESS REQUIREMENTS
<ul> <li>□ Console</li> <li>□ Coils/Phantoms</li> <li>□ MRI Equipment</li> <li>□ Insert Gradient</li> </ul>	<ul> <li>□ Request Letter to Director</li> <li>□ Screening Form</li> <li>□ SOP Compliance Form</li> <li>□ Safety Training Checklist</li> <li>□ Access Card</li> </ul>
3T MRI FACILITY AREA	
<ul> <li>□ Entrance/Exits</li> <li>□ Console Room/Workstation</li> <li>□ Magnet Room</li> <li>□ Equipment Room</li> </ul>	Signature:
<ul><li>□ Animal Prep Lab</li><li>□ DNP Lab</li></ul>	Trained by:
<ul> <li>□ Zones</li> <li>□ Patient Supplies</li> <li>□ Gas Tanks (O², etc.)</li> </ul>	Date: