

Name : _____ University Identification Number : _____

X-ray Safety Release Form for the X-ray Diffraction Laboratory
Department of Chemistry, Texas A & M University

By signing this form you certify that you are aware of :

- The Location of Radiation Producing devices in rooms 2407 and 2409.**
- The Location of the Emergency electrical shutoff switch for all instruments**
- The Location of the Emergency electrical shutoff switch for the room (excluding instruments)**
- The Location of the Emergency electrical shutoff switch for each instrument**
- The Location of the Emergency exits**
- The Emergency procedures in case of fire**
- The Emergency procedures in case of chemical accidents**
- The Emergency procedures in case of X-ray exposure**
- The Location of operational safety procedures and list of users**
- The Specific instrumentation safety features**
 - Safety shutter – operation**
 - Radiation hazard work area**
- The Use of Radiation Surveillance Equipment**
 - Audio hand-held pancake meter**
 - Audio hand-held meter**
 - Non-audio hand-held meter**
- The Operation of instrumentation during data collection**
- The Location of the Posted Safety Instructions**
- The Location of the Posted Safety Signs**
- The location of the Posted Emergency numbers**
- The Responsibilities of**
 - Responsibilities of Texas A & M University**
 - Responsibilities of workers**
 - Do not repair or modify any part of the X-ray instrument.**
 - Do not engage in unauthorized or illegal experiments**
 - Report all accidents immediately to the laboratory manager.**
 - Location of X-ray documents and records concerning this location**

Please Read. Sign and Date :

I, _____ have been instructed on the safety topics listed above.
(Print your name)

I confirm that I am employed by Texas A & M University ____ Yes ____ No

I understand and will comply with all safety procedures.

Signature : _____ **Date :** _____

Principal Investigator : _____ **Department** _____

Authorized Instructor's Name : (PRINT) _____

Authorized Instructor's Signature : _____ **Date :** _____