



Environment, Health and Safety Program
Office of Radiation Safety

X-Ray Safety Device Test Log

21 N Park Street, WI 53715

Phone: 608-265-5000 | Fax: 608-262-6767 | www.ehs.wisc.edu/

Performed in accordance with DHS 157.87(1)(j)

Testing occurred for the following x-ray device:

Permit Holder: _____ Permit Number: _____

Make: _____ Model: _____ Serial/Asset Number: _____

List the following for your device: (Interlocks, shutters, warning lights, emergency shut off switches, etc.)

Perform every 6 months and retain 5 years.

Date	Interlocks (Pass/Fail)	Shutters (Pass/Fail)	Warning Lights (Pass/Fail)	Emergency shut off switches (Pass/Fail)	Tested By: (Print name)

If anything fails, record corrective actions taken.

Notes/Corrective Actions (Include date with each entry):
