



Environment, Health and Safety Program  
Office of Radiation Safety

**X-Ray Device Training Form**

21 N Park Street, WI 53715

Phone: 608-265-5000 | Fax: 608-262-6767 | [www.ehs.wisc.edu/](http://www.ehs.wisc.edu/)

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

Training occurred for the following x-ray device:

Permit Holder: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial/Asset Number: \_\_\_\_\_

DATE	PRINT NAME	SIGN

**Topics Covered:**

Operating procedures, Significance of warnings and interlocks, procedures to prevent unauthorized use,

Other: \_\_\_\_\_

**The trainer was (Print and Sign):**

\_\_\_\_\_

**Qualifications of the trainer:**

\_\_\_\_\_

\_\_\_\_\_

(Note: Qualifications usually are the manufacturer/technician, or a person trained by the manufacturer/technician during installation.)