

Safe Scanning Program Checklist



Trainee Name:

1. Completed MRI Center Tour:
 - a. Date:
 - b. Trainer:
2. Watched MR Safety Video:
 - a. Date:
 - b. Trainer:
3. Demonstrated use of MR scanner:
 - a. Date:
 - b. Trainer:
4. Able to complete MRI Checklist of Requirements before scanning a subject:
 - a. Date:
 - b. Trainer:
5. Completed 8 hours of training with a technologist:
 - a. Date:
 - b. Trainer:
6. Completed Biological Safety Training program from Health Protection Office:
 - a. Date:
 - b. Trainer:
7. Completed Human Subjects Training through the CITI program:
 - a. Date:
 - b. Trainer:
8. Received CPR Certification:
 - a. Date:
 - b. Trainer: