

**Virginia Department of Health  
Office of Radiological Health**

**X-ray Operators List**

**PLEASE COMPLETE AND POST IN WORK AREA**

Facility Name \_\_\_\_\_

Location \_\_\_\_\_

I have provided written safety rules and technique factors for the X-ray equipment at this facility. The X-ray operators designated below are competent to operate the equipment that they are assigned to operate.

\_\_\_\_\_  
Registrant

X-ray operators will indicate that they understand the safety procedures and technique factors for the equipment that they are assigned to operate by providing their signatures.

X-ray operator	Signature	Date	Equipment assigned to operate	Registrants initials
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____