Virginia Department of Health
Office of Radiological Health

Non-Medical X-ray Operators List

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.

_____
Authorized Representative

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	Representative's Initials

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Form: RH-F-44