

**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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