

Purdue MRI Facility Scanning Approval Checklist

Personal Information:

Name _____
Department _____
Position _____
E-mail _____
Phone _____

For Purdue MRI Facility Administrative Use Only

Operator Code: _____

Re-Authorization Date: _____

Verified Certification Dates (copies on file):

CPR Training _____ (Valid Until: _____)
MRI Safety Seminar _____ (Valid Until: _____)
CITI Purdue Human Subjects Training _____ (Valid Until: _____)
PACUC Orientation _____ (optional for *Animal* designation)

Observe at least three (3) imaging sessions involving human subjects:

1. Primary Operator _____ Date _____
Experiment equipment used: _____
2. Primary Operator _____ Date _____
Experiment equipment used: _____
3. Primary Operator _____ Date _____
Experiment equipment used: _____
4. Primary Operator _____ Date _____
Experiment equipment used: _____
5. Primary Operator _____ Date _____
Experiment equipment used: _____

Conduct at least three (3) imaging sessions involving human subjects, supervised by a "Scanning Approved" operator:

1. Primary Operator _____ Date _____
Experiment equipment used: _____
2. Primary Operator _____ Date _____
Experiment equipment used: _____
3. Primary Operator _____ Date _____
Experiment equipment used: _____
4. Primary Operator _____ Date _____
Experiment equipment used: _____
5. Primary Operator _____ Date _____
Experiment equipment used: _____

Final Checkout (solo operation under supervision of Co-Director or Manager of Operations):

Supervised by _____ Date _____