

**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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____