

Name : \_\_\_\_\_ University Identification Number : \_\_\_\_\_

**X-ray Safety Release Form for the X-ray Diffraction Laboratory**  
**Department of Chemistry, Texas A & M University**

By signing this form you certify that you are aware of :

- The Location of Radiation Producing devices in rooms 2407, 2409 and 1424.**
- The Location of the Emergency electrical shutoff switch for all instruments**
- The Location of the Emergency electrical shutoff switch for the room (excluding instruments)**
- The Location of the Emergency electrical shutoff switch for each instrument**
- The Location of the Emergency exits**
- The Emergency procedures in case of fire**
- The Emergency procedures in case of chemical accidents**
- The Emergency procedures in case of X-ray exposure**
- The Location of operational safety procedures and list of users**
- The Specific instrumentation safety features**
  - Safety shutter – operation
  - Rotary shutter – operation
  - Front, side and rear panel – operation
  - Power connection and disconnection
  - Radiation hazard work area
  - Energizing X-rays
  - De-energizing X-rays
- The Use of Radiation Surveillance Equipment**
  - Audio hand-held pancake meter
  - Audio hand-held meter
  - Non-audio hand-held meter
- The Operation of instrumentation during data collection**
- The Location of the Posted Safety Instructions**
- The Location of the Posted Safety Signs**
- The location of the Posted Emergency numbers**
- The Responsibilities of**
  - Responsibilities of Texas A & M University
  - Responsibilities of workers
  - Do not repair or modify any part of the X-ray instrument.
  - Do not engage in unauthorized or illegal experiments
  - Report all accidents immediately to the laboratory manager.
  - Location of X-ray documents and records concerning this location

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**Please Read. Sign and Date :**

I, \_\_\_\_\_ have been instructed on the safety topics listed above.  
(Print your name)

I confirm that I am employed by Texas A & M University \_\_\_\_ Yes \_\_\_\_ No

I understand and will comply with all safety procedures.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Principle Investigator : \_\_\_\_\_ Department \_\_\_\_\_

Authorized Instructor's Name : (PRINT) \_\_\_\_\_

Authorized Instructor's Signature : \_\_\_\_\_ Date : \_\_\_\_\_