

York MRI Facility

Standard Operating Procedure Signature Sheet

Name: _____ **Date:** _____
Please Print

Investigator/Supervisor: _____

I have read and understood the SOP's listed below, and I agree to follow all policies and/or procedures outlined therein.

SOP#	SOP Name	Signature
10-02	Restricted Access Policy	_____
20-01	New Protocols and Ethics Procedures	_____
30-02	Safety Training Procedures	_____
31-02	General Safety Procedures	_____
40-02	Medical Emergency Procedure	_____
41-01	Emergency Fire Procedure	_____
42-02	Emergency Quench Procedure	_____
50-01	General Experimental Procedures	_____
51-01	MRI Equipment Handling Procedures	_____
52-02	MRI Data Handling	_____
53-01	Incidental Findings	_____
60-02	MRI System Start-Up	_____
61-02	MRI System Shutdown	_____
62-01	MRI Black/Brown Out	_____
63-01	Oxygen Sensor Alarm Response	_____
64-02	Compressor Alarm Response	_____
65-01	QA Testing	_____
70-01	System Billing Guide and Standard Rates	_____
71-01	Cancellation / No Show Policy	_____
80-01	Decontamination Procedure	_____
90-01	MRI Simulator Usage and Booking Policy	_____