**School of Healthcare Sciences: Radiography**

**Research project: Experiment based in x ray room**

***To be attached to radiation register for all relevant student projects***

Project title

Summary of experimental method

Supervisor

**Radiation Register**

**Radiography X Ray room**

**Archimedes Centre, Wrexham**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | | | | | | | | |
| **Title** | | Choose one | | **Surname** | |  | | | **First name** | | |  | |
| **Gender** | | **M F** | | **DoB** | |  | | |  | | | **Student** | |
| **E mail** | |  | | | | **Tel.** | | |  | | | | |
| **Start Date** | |  | | | **Initial Registration  or** | | | | **Reregistration ☐** | | | | |
|  | |  | | |  | |  | |  | | | |  |
| **Equipment Information** | | | | | | | | | | | | | |
| **Radiation Generator** | | |  | | | | | | | | | | |
| **Hazard Category** | | |  | | | | | | | | | | |
| **Previous Experience** | | | ***Staff only*** | | | | | | | | | | |
|  | |  |  | | | |  | |  | | | |  |
| **Training** | | | | | | | | | | | | | |
| **Basic Radiation Protection Training** | | | | | | | | | | | | | |
| **Who By** | **Bangor University** | | | | **When** |  | | **Where** | | **Archimedes Centre** | | | |
| **X Ray Safety Training** | | | | | | | | | | | | | |
| **Who By** | **Bangor University** | | | | **When** |  | | **Where** | | **Archimedes Centre** | | | |
| **Local Training** | | | | | | | | | | | | | |
| **Who By** | **Bangor University** | | | | **When** |  | | **Where** | | **Archimedes Centre** | | | |
|  |  | | | |  |  | |  | |  | | | |
| **Additional Information** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **User Declaration** | | | | | | | | | | | | | |
| **I agree to abide by the rules and conduct of work involving ionizing radiations, as laid down in the Code of Practice, Departmental Local Rules, and IRR99. I have had access to each, and have read and understood them.**  *Check box to confirm:* | | | | | | | | | | | | | |
|  | |  | | |  | |  | |  | | | |  |
| **Radiation Protection Supervisor** | | | | | | |  | | | | | | |
| *For student projects only:* | | | | | | | | | | | | | |
| **RPS Approval Given** | | | | | | | | | | | | | |
| **Signature** | |  | | | | | | | | **Date** |  | | |