



**University Of Toronto Radiation Protection Services
X-Ray Authorized User List**

Principal Investigator		Permit #	
Department		Building	
X-Ray manufacturer		Rm #	
X-ray machine model		Serial #	
Max kV		Max mA	

List of authorized X-ray machine users

Please supply the following details regarding persons who will be using the x-ray machine under the supervision of the Principal Investigator.

	Surname	First Name	Date of X-ray Safety Training	Signature
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Signature of the Principle Investigator