

Analytical X-ray Usage Log for Machine: _____ in room _____

Account #/PI		# of Samples	<input type="checkbox"/> I certify that I have had initial radiation safety training*	<input type="checkbox"/> I certify that I have been trained to use this machine*
Full name of operator	Andrew ID	Date / /	comments	
Account #/PI		# of Samples	<input type="checkbox"/> I certify that I have had initial radiation safety training*	<input type="checkbox"/> I certify that I have been trained to use this machine*
Full name of operator	Andrew ID	Date / /	comments	
Account #/PI		# of Samples	<input type="checkbox"/> I certify that I have had initial radiation safety training*	<input type="checkbox"/> I certify that I have been trained to use this machine*
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Full name of operator	Andrew ID	Date / /	comments	
Account #/PI		# of Samples	<input type="checkbox"/> I certify that I have had initial radiation safety training*	<input type="checkbox"/> I certify that I have been trained to use this machine*
Full name of operator	Andrew ID	Date / /	comments	

* Check Analytical X-ray Training Certification Log in the training section of this logbook