Advanced MRI Center University of Massachusetts Medical School

AMRIC Safety Training Form

Principal Investigator D	eclaration	
use of the MRI equipment or It is also my responsibility to	is currently approverequires the use of MR imaging. It space by the above-named person ensure that the above-named perworking within the MRI area.	n will be my responsibility.
(Print Name)	(Signature)	(Date)
online at https://www.umass policies_v21jul2015.pdf and that it promptly. I also understand to the Advarage or harm to the Advarage.	, understand and agree to all pmed.edu/globalassets/advanced-nsafety-training procedures. I undis my responsibility to ensure that I am responsible for any actionced MRI Center equipment and eated to the Director of the Advanced to the Director of the Advanced-named to the Director of the Advanced to the Director of the Direct	erstand that training is t safety training is done ons or inactions that cause space and that any
(Signature)	(Date)	_