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# Standard Operating Procedure

## Activity

|  |   |  |
|--|---|--|
| <b>Job / Activity Name or SOP Title:</b><br>Xray   | <b>Bldg / Area Location(S):</b><br>Building 2, 3rd Floor                        | <b>Expected duration of radiological activity in hours:</b><br>12 hour shifts                    |
| <b>Start Date:</b><br>11/17/2019                   | <b>Other Information or References:</b><br>Room 317                             | <b>RWP#:</b><br>467  |
| <b>Valid Through:</b><br>11/17/2020                | <b>Scope of Work</b><br>To perform standard xrays for broken bones verification | <b>Purpose of Job</b><br>To assist patients to position for xray, and take xray                  |
| <b>Department / Group Name:</b><br>Xray Department | <b># of workers performing radiological activity:</b><br>4                      | <b>List training required beyond RWT. If none, so state.</b><br>Must be licensed xray technician |

## Worker

I understand and will adhere to the steps, hazards, and controls in this SOP. I understand that performing steps out of sequence may pose hazards that have not been evaluated nor authorized. I will contact the person who authorized my work prior to continuing, if the scope of work changes or new hazards are introduced. I understand my stop work authority and responsibility.

**Date**  
11/17/2019

**Print Name**  
Mark Sloan

**Signature**

## Authorizer

I have reviewed the steps, hazards, and controls described in this SOP with all workers listed above and authorize them to perform the work. Workers are qualified (that is, licensed or certified, as appropriate, and in full compliance with SLAC training requirements) to perform this activity.

**Date**  
11/17/2019

**Print Name**  
Derek Sheperd

**Signature**

# Standard Operating Procedure

## Area or Building Manager

- Release documented via coordination meeting and subsequent tailgate meeting
- I have communicated unique area hazards, boundary conditions, and so on with the authorizer or listed worker(s) and have coordinated this job with affected occupants. Listed workers are released to perform described scope of work.

Print Name

Meredith Grey

Date

11/17/2019

List boundary conditions, notes, etc:

Staying within the radiology department, to step out of area when performing and use remote button

Signature

