T9 X-ray Technology Orientation - CBI

Intern: _____ _____ **Date:** _____
print name **Signature**

Faculty Clinician: _____ _____ **Date** _____
print name **Signature**

T9 Options (check one box)

☐ I am at a new clinic site and will complete the x-ray technology orientation

☐ My clinic does not have x-ray on site

☐ I am at the same clinic as T8 and have already completed the x-ray technology orientation

➢Each item below must be reviewed with the faculty clinician or X-ray certified CA, then the boxes marked and the completed form returned to the Department of Clinical Education, Room 12, during the first week of the term.➢

X-ray Room Procedures

Comments

☐ Caliper technique/reading
☐ Factor calculation
☐ Machine settings
☐ Cassette setting
☐ Age and body type compensation
☐ Film size/type
☐ Film markers
☐ TFD/tube tilt
☐ Filtration

☐ Shielding policy
☐ Central ray (pt/film)
☐ Collimation
☐ Breathing instructions
☐ Forms to accompany the films

Darkroom Procedures

☐ Room secured from light
☐ Flash card preparation
☐ Flash card exposure
☐ Processing technique
☐ Cassette reloading
☐ Departure procedures

Emergency/Safety Procedures

☐ Review of emergency/safety procedures

Interactive Skills

☐ Rapport with patient
☐ Clear instructions
☐ Confidence

* Students must review all aspects of this list before using the x-ray machine.
* Students are required to have passed both Radiation Physics and Radiology Positioning before taking x-rays.