



OCMR SCANNER OPERATOR TRAINING RECORD

NAME	
PI / SUPERVISOR	
DEPARTMENT	

DETAILS OF TRAINING REQUIRED FOR SCAN OPERATORS		
(It is the responsibility of operators to keep this training up to date, operators may be asked to produce evidence of their training at any time while working in OCMR)		
DATE OF OCMR BUILDING INDUCTION		
DATE OF MAGNET SAFETY TRAINING (Must be refreshed annually)		
DATE AND LEVEL OF LIFE SUPPORT TRAINING		
DATE OF EVACUATION TRAINING	1.5T	3T
DATE OF COMPLETION OF GOOD CLINICAL PRACTICE TRAINING		

LOG SHEET – SUPERVISED SCANNING

	DATE	SUBJECT (e.g. 03T_N09_01_001)	ROLE (observed / supervised)	SCANNER	ASSESSOR
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SCANNER OPERATOR ASSESSMENT

GENERAL	COMPLETE (tick ✓)
Where are the keys to enter the magnet room?	
What is the unit policy on taking any new equipment into the scanner room?	
SCANNER OPERATION	COMPLETE (tick ✓)
How do you switch on and boot up the system?	
How do you switch off the system?	
How do you enter the participant / patient details into the consoles?	
What do you check if the scanner won't work / stops?	
How do you re-boot separate components of the system?	
How do you do an error save log?	
How do you contact the magnet service team?	
How do you check the helium level? What is the action level?	
How do you check if the cold head is running? Where is the control?	
How do you trouble-shoot if the image quality is poor?	
How do you check the temperature and humidity? What are the required limits?	
How is data archived and retrieved?	
How do you charge the Bluetooth gating devices?	
When would you choose "no" for "did the exam complete successfully?" and what further steps do you need to take?	
INSIDE THE SCANNER ROOM	COMPLETE (tick ✓)
What do all the controls on the magnet bore do?	
How do you safely attach the imaging coils?	
Where do you attach the table ancillaries e.g. headphones?	
How do you use the physiological monitoring equipment?	
Where is the patient alarm?	
How do you turn off the patient alarm?	
How do you use the table movement stop button?	
How do you re-set the table after the stop button has been pressed?	
How do you manually move the table?	

EMERGENCY SITUATION	COMPLETE (tick ✓)
Where are the quench buttons?	
Where are the electrical stop buttons?	
When do you use the quench buttons?	
When do you use the electrical stop buttons?	
What do you do if you need help in an emergency?	

THE FOLLOWING IS FOR THE CARDIAC GROUP*

How do you fill and program the power injector and recharge the batteries?	
How do you use the syringe driver?	
What are the guidelines for the administration of gadolinium-based contrast agents?	
What are the guidelines for the administration of adenosine?	
What are the guidelines for the administration of dobutamine?	
How do you use the iSTAT hand held unit to get a serum creatinine result?	

THE FOLLOWING IS FOR THE NEURO GROUP*

How do you turn the projector on and off?	
How do you set up the stim PC for your paradigm?	
How do you connect peripheral devices for your experiment e.g. button boxes?	
How do you check your devices are working correctly?	
How do you use the syringe driver?	
How do you fill and program the power injector and recharge batteries?	
What are the guidelines for the administration of gadolinium based contrast agents?	

*Please note that you are only required to complete those assessments listed above that relate to your protocol/s. However, if at any point you wish to operate additional equipment etc. You must complete the appropriate training and gain signed approval from an approved assessor.

SCANNER OPERATOR ASSESSMENT – PRACTICAL

Screening	COMPLETE (tick ✓)
Did the scan operator introduce himself or herself to the person to be scanned?	
Did the scan operator explain their role in the session?	
Was the screening done in a private area and outside of the controlled area?	
Was the importance of screening explained?	
Was it explained why the person to be scanned needed to be screened at each and every visit?	
When screening was each question asked individually and responses sought to each individual question?	
Were the responses explored and documented adequately?	
Were the personal belongings of the person to be scanned placed in an appropriate place (e.g. locker)?	
Was a secondary screen completed just before entering the magnet room?	
Using the registration system	COMPLETE (tick ✓)
Were the details of the person to be scanned entered correctly?	
Earplug fitting	COMPLETE (tick ✓)
Were the plugs fitted satisfactorily?	
Was the cupping test performed adequately with sufficient instructions given to the person to be scanned?	
Positioning	COMPLETE (tick ✓)
Was the person to be scanned made comfortable?	
Was physiological monitoring / recording equipment fitted correctly and explained (if relevant)?	
Was the squeeze ball given to the person to be scanned and its use explained?	
Was positioning achieved to prevent skin – skin, skin – coil and skin – cable contact?	
During the scan	COMPLETE (tick ✓)
Did the scanner operator check that the person to be scanned could hear them over the intercom?	
Was the person to be scanned adequately informed about the procedure that is going to take place?	

Post Scan	COMPLETE (tick ✓)
Was the person warned about the table still being elevated?	
Was the person warned about potential dizziness after lying down?	
Was the room left ready for the next scan?	
Was the screening form completed fully and filed appropriately?	

PREVIOUS SCANNING EXPERIENCE (if relevant)

Date	Institute	Scanner Make / Model	Field Strength	Approx. no. of human scans	Category of scans / patient groups

OTHER RELEVANT TRAINING

Details of training / name of course	Date

ASSESSOR SIGN OFF

SCANNER	OPERATOR CATEGORY	SIGNATURE	DATE

APPROVED ASSESSORS

1.5T – Jane Francis, Matthew Robson, Fiona McMillan

3T – Jane Francis, Matthew Robson