Purdue Life Science MRI Facility
Nominal Configuration Checklist

Please fill out this form and sign it at the end of your imaging session and deposit it in the appropriate bin in MRI console room prior to your departure.

Project ________ Date of Session ______ Start Time ____ End Time ____

Was the system in a nominal configuration upon your arrival?  
Yes ☐ No ☐

Please provide details of any improper configuration found upon arrival:

____________________________________________________________

Before you leave, please confirm that the following tasks have been performed:

- Yes ☐ No ☐ N/A

1. MRI equipment (coils, phantoms, etc.) returned to storage positions  
2. Padding materials returned to storage positions  
3. Used linens placed in the laundry hamper. # of linens used: _______________  
4. Used scrubs placed in the laundry hamper. # of scrubs used: _______________  
5. MRI patient bed cleaned and dried.
6. Experiment equipment (e.g., AV system, ECG monitor) returned to storage locations  
7. Control and scan rooms cleared of experiment equipment  
8. Data transferred and stored  
9. Copy of experimental protocol and safety questionnaires placed in appropriate bin  
10. If human subjects: Copy of signed Consent Form placed in  

☐ Check this box if the next Primary Operator was present prior to your departure. Please provide the name of this individual: ___________________________________________________________.

☐ Check this box if the next Primary Operator was not present prior to your departure, and complete the following “shut down” task checklist:

- Yes ☐ No ☐

1. 20-channel head coil and TLT/ACR phantom in place on fully-raised patient bed  
2. Scan room lights off; MRI bore light off  
3. Scan room door locked and key returned to secured position  
4. MRI scanner and MRI console shut down  
5. Wet Prep and storage room locked and user master key returned  
6. Console room lights turned off  
7. Console room door closed and locked  
8. Assessment rooms and Student/Meeting room cleaned  

If “No” was checked for any of the tasks, or any difficulties were encountered during return to nominal configuration, please provide details: ________________________________________________________________

____________________________________________________________

Primary Operator (Name and Signature) __________________________________________________________

Secondary Operator (Name and Signature) __________________________________________________________