

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

☐ 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	<input type="checkbox"/>	<input type="checkbox"/>
2. Scan room lights off; MRI bore light off	<input type="checkbox"/>	<input type="checkbox"/>
3. Scan room door locked and key returned to secured position	<input type="checkbox"/>	<input type="checkbox"/>
4. MRI scanner and MRI console shut down	<input type="checkbox"/>	<input type="checkbox"/>
5. Wet Prep and storage room locked and user master key returned	<input type="checkbox"/>	<input type="checkbox"/>
6. Console room lights turned off	<input type="checkbox"/>	<input type="checkbox"/>
7. Console room door closed and locked	<input type="checkbox"/>	<input type="checkbox"/>
8. Assessment rooms and Student/Meeting room cleaned	<input type="checkbox"/>	<input type="checkbox"/>

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) _____