Dartmouth Brain Imaging Center
Pre-scan experimenter safety screening checklist

This form must be completed by all research personnel before setting up a scan session or entering the MRI room.

Date __________

Experimenter name (operator) ________________________________

Experimenter name (scan buddy) ________________________________

Please initial next to the following checklist items BEFORE ENTERING THE SCAN ROOM. By initialing these items, you are confirming that they were completed prior to entry into the scan room. All research personnel MUST initial these checklist items. If you have any questions about this form, please contact Terry Sackett.

_____ Removal of all metal from each person (e.g., keys, phones)

_____ Check MR control room and environment for loose metal (e.g., staples, scissors, keys) - - only MR-safe items are allowed!

_____ Administer subject MR safety screener

<table>
<thead>
<tr>
<th>DO NOT ENTER THE SCAN ROOM WITH ANY OF THESE ITEMS</th>
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</thead>
<tbody>
<tr>
<td>Belts/Buckles</td>
</tr>
<tr>
<td>Credit/Bank Cards</td>
</tr>
<tr>
<td>Pens/Pencils</td>
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<tr>
<td>Hairpins/Barrettes</td>
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<tr>
<td>Ferromagnetic jewelry/piercings</td>
</tr>
<tr>
<td>Keys</td>
</tr>
<tr>
<td>Wigs/Hairpiece/Extensions</td>
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<tr>
<td>Wallet/Money Clips</td>
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<tr>
<td>Coins</td>
</tr>
<tr>
<td>Safety Pins</td>
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<tr>
<td>Watch</td>
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<tr>
<td>Pocket Knife</td>
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<tr>
<td>Other loose ferromagnetic objects</td>
</tr>
</tbody>
</table>

**** ALL EXPERIMENTERS MUST SIGN THIS FORM****

Experimenter signature (operator) ________________________________

Experimenter signature (scan buddy) ________________________________