

Please print and complete in full

From:

Owner/CEO Name

Facility Name

Facility Address

| | | | |
|-------------|---------------|-------------|--------|
| Unit Number | Street Number | Street Name | PO Box |
|-------------|---------------|-------------|--------|

| | | |
|-----------|----------|-------------|
| City/Town | Province | Postal Code |
|-----------|----------|-------------|

| | |
|--------------------------|--------------------------|
| Telephone Number ext. | XRIS Registration Number |
|--------------------------|--------------------------|

To:

Ministry of Health
 X-ray Inspection Service
 5700 Yonge Street, 5th Floor
 Toronto ON M2M 4K5
 E-mail: xris@ontario.ca (preferred)

Re: Appointment of Radiation Protection Officer (RPO)

I, as owner/CEO of the above noted facility, hereby appoint _____
 Print Name of the RPO

as the radiation protection officer for this facility and grant this person sole authority for:

- ensuring that every x-ray machine in the facility is maintained in safe operating condition in accordance with the Healing Arts Radiation Protection (HARP) Regulations;
- ensuring that every person who operates an x-ray machine for the irradiation of a human being in the facility is qualified in accordance with HARP Act and Regulations;
- ensuring that quality assurance procedures and tests are established and maintained and that records of the results of these tests are maintained;
- other such matters related to the safe operation of each x-ray machine in the facility as are prescribed by the HARP Regulations.

Signature

| | | |
|----------------------------|---------------------------------|-------------------|
| Name of Facility Owner/CEO | Signature of Facility Owner/CEO | Date (yyyy/mm/dd) |
|----------------------------|---------------------------------|-------------------|

I hereby accept the position of Radiation Protection Officer (RPO) and understand the role, responsibilities and authority of the position as set out in the HARP Act and Regulations.

| | | |
|-------------|------------------|-------------------|
| Name of RPO | Signature of RPO | Date (yyyy/mm/dd) |
|-------------|------------------|-------------------|