



Radiation Control, X-ray Unit  
 625 North Robert Street  
 P.O. Box 64497  
 St. Paul, Minnesota 55164-0497  
 651-201-4545  
[www.health.state.mn.us/xray](http://www.health.state.mn.us/xray)

**Delegation of Authority for a Radiation Safety Officer for an X-ray Facility  
 (Please retain for your records)**

Facility Name: \_\_\_\_\_

Facility Registration Number: \_\_\_\_\_

Memo To: Radiation Safety Officer

From: Chief Executive Officer

Subject: Delegation of Authority

You, \_\_\_\_\_, have been appointed Radiation Safety Officer for our x-ray department. You are responsible for ensuring the safe use of radiation. Your responsibilities include managing the radiation protection program, identifying x-ray radiation protection problems, ensuring quality control tests are completed and documented, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with state regulations.

You are hereby delegated the time and authority necessary to meet those responsibilities, including prohibiting the use of radiation-producing equipment by employees who do not meet the necessary requirements and shutting down operations where radiation safety is compromised. You are required to notify management if staff do not cooperate and do not address radiation safety issues. In addition, you are free to raise issues with the Minnesota Department of Health at any time.

It is estimated that you will spend \_\_\_\_\_ hours per week conducting radiation protection activities.

*Your signature below indicates acceptance of the above responsibilities.*

Name of Radiation Safety Officer  
 \_\_\_\_\_

Name of Management Representative  
 \_\_\_\_\_

Signature of Radiation Safety Officer  
 \_\_\_\_\_

Signature of Management Representative  
 \_\_\_\_\_

Date  
 \_\_\_\_\_

Date  
 \_\_\_\_\_

cc: Department Heads