Ontario

Ministry of Health
Licensing and X-ray Inspection Service (LXRIS)
5700 Yonge Street, 5th Floor
Toronto ON M2M 4K5

Appointment of Radiation Protection Officer

MOH Facility Registration Number

Instructions

1. Ensure all appropriate areas are signed.
2. E-mail the completed and signed form to xris@ontario.ca.

Ownership Information

Corporate Name (if the X-ray machine(s) is owned by a legal corporation)

Owner of X-ray Machine(s) at facility – Specify owner(s) if multiple owners or CEO/President if corporation

Facility Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code
	Ontario	

Telephone Number ext.

Radiation Protection Officer (RPO) Qualifications (Choose one)

☐Physician ☐Dentist ☐Chiropractor ☐Podiatrist ☐Other (Specify)

RPO Regulatory College Registration Number (e.g., CPSO #, RCDSO # etc.)

Re: Appointment of Radiation Protection Officer (RPO)

I, as owner/CEO of the above noted facility, hereby appoint

Print Full 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;
- 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 the HARP Regulations;
- ensuring that quality tests and procedures 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)

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