Study Info

Study Information

Responsible User

Safety Second

Principle Investigator

Study Short Title

Subject ID

Today's Date:

Month

Day

Year

Magnet Room Checklist

Please use disinfectant sprays and wipes to sterilize the following equipment and surfaces. Please type the name of the individual who performed each task in text box next to each and every field and e-sign at end. If equipment not used, please fill in NA.
Magnet Room:

Head coil surfaces (20, 32, 64 channel)
Mirror
Emergency squeeze ball
Button box or response device
Patient headphones
Physio measurement devices
Buttons on scanner board

Console Room Checklist

Please use disinfectant sprays and wipes to sterilize the following equipment and surfaces. Please type the name of the individual who performed each task in text box next to each and every field and e-sign at end. If equipment not used, please fill in NA.

Console Room:

Mouse and keyboard
Cabinet handles
Scanner and control room door handles
Ear plug container
Any auxiliary equipment used (biopac, eye-tracker)
Waiting / Testing Checklist

Please use disinfectant sprays and wipes to sterilize the following equipment and surfaces. Please type the name of the individual who performed each task in text box next to each and every field and e-sign at end. If equipment not used, please fill in NA.

Waiting / Testing Areas:

All desk surfaces used
Door and / or cabinet handles touched
Chair and / or couch arm rests
Participant Items Bin

Signature Block

By signing below you confirm that all information provided above is accurate.

SIGN HERE