

DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WASTE MANAGEMENT AND
RADIATION CONTROL
X-ray Radiation Safety Inspection Summary

Facility _____

Registration No. _____ Date _____

Inspector _____

Facility Contact _____

General Radiation Safety

Rules available? Yes No
DWMRC-04 posted? Yes No
Area posted? Yes No
Radiation safety program developed
and implemented? Yes No
Record of provisions of the program
maintained? Yes No
Radiation safety audit (12 months)? Yes No
Radiation levels permissible?
Records maintained? Yes No

Personnel dosimetry provided? Yes No NA
Pregnant worker? Yes No NA
Results and records compliant? Yes No
The facility is compliant with the
general and administrative
requirements of R313-28-31? Yes No
Operator competency
All operators are licenced? Yes No NA
Training documents maintained? Yes No
Patient dose minimized? Yes No

For hospitals, check all areas inspected

Diagnostic Radiology___ Surgery___ Cardiology___ GI___ Urology___ Other_____

X-ray Unit Evaluation

Attach the registrant's *Certificate of X-ray Machine Registration* as Exhibit A and place a check mark () next to each system that was evaluated. If the X-ray system is not on the registration form, add it to the registration certificate.

Equipment is maintained? Yes No

Each X-ray unit was evaluated by use of the applicable DWMRC guidance document? Yes

No *If No, identify the X-ray unit and explain why it was not evaluated as per the guidance (use the back of this form to record your explanation).*

Inspection Summary

Is the facility compliant? Yes No

If no, attach the information required by R313-16-293(2)(i) as Exhibit B.

I certify that the information provided for this inspection report is truthful, accurate, and complete. I understand that any false information may subject me to penalties of law.

Signature

Date