VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

OFFICE OF RADIOLOGICAL HEALTH
P.O. Box 2448 • 7th Floor
Richmond, VA 23218
(804) 864-8150

Bone Density Radiographic Systems

PAGE
OF

RH-F-36 01/2020a

New Registration: ☐

FACILITY			MACHINE			
FACILITY ID NO.	TUBE REGISTRATION NO:		MAKE			
NAME			PURPOSE			
INSPECTOR						
NAME			MODEL			
SIGNATURE			SERIAL NO.			
DATE			MAX. kVp	MAX. mA	ROOM NO.	

OK	N/A	N/S	S	EVALUATION CRITERIA
				1. Warning label is not present (12 VAC 5-481-1601-1). **NON-SERIOUS.**
				2. Operators manual not available for review (12 VAC 5-481-1655-A3). **NON-SERIOUS.**
				3. System's check not performed or documented according to manufacturer's specifications (12 VAC 5-481-1655-A3). **NON-SERIOUS.**
				4. Radiographic control not equipped with both visual and audible indication of X-ray production (12 VAC 5-481-1621-J). Either/or: **NON-SERIOUS,** Both: **SERIOUS**
				5. Operator can abort scan at any time during the scan (12 VAC 5-481-1621-A2a). **NON-SERIOUS**
				6. Alignment light is not visible with ambient room light (12 VAC 5-481-1621-D2b). **NON-SERIOUS.**
				7. Alignment light not accurate to within 2% of SID (12 VAC 5-481-1655-B). **NON-SERIOUS.**
				8. Survey (12 VAC 5-481-1601-2): > 100mR in one hour @ 1 meter equivalent (1.66mR/min @ 1 meter; .028mR/sec @ 1 meter) **SERIOUS**

Couch Side: _____mR/sec **OR** _____mR/min **OR** _____mR/hr

Operator Position: _____mR/sec **OR** _____mR/min **OR** _____mR/hr

Doorway: _____mR/sec **OR** _____mR/min **OR** _____mrRhr

Adjacent Room: _____mR/sec **OR** _____mR/min **OR** _____mR/hr

Background: _____uR/sec **OR** _____uR/min **OR** _____uR/hr

Other/Remarks: