VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

OFFICE OF RADIOLOGICAL HEALTH
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Dental Panoramic/CBCT Radiographic Systems

PAGE
OF

RH-F-26 01/2020a

New Registration: ☐

FACILITY

FACILITY ID NO.	TUBE REGISTRATION NO:
NAME	

INSPECTOR

NAME
SIGNATURE
DATE

MACHINE

MAKE		
PURPOSE		
MODEL		
SERIAL NO.		
MAX. kVp	MAX. mA	ROOM NO.

OK	N/A	N/S	S	EVALUATION CRITERIA
☐	☐	☐	☐	1. Warning label not present (12 VAC 5-481-1601-1). **NON-SERIOUS.**
☐	☐	☐	☐	2. HVL at _____ kVp is measured at _____ mm Al. Minimum is _____ mm Al. (12 VAC 5-481-1601-4). Deficiency of ≤ 0.2mm **NON-SERIOUS**, deficiency of > 0.2mm **SERIOUS**.
☐	☐	☐	☐	3. Multiple tubes are controlled from one control panel but indication of the selected tube is not present at both the ☐ panel and the ☐ selected tube (12 VAC 5-481-1601-8). One missing, **NON-SERIOUS,** both missing, **SERIOUS.**
☐	☐	☐	☐	4. The X-ray field at the plane of the image receptor extends beyond any edge of the image receptor (12 VAC 5-481-1621-F2). **SERIOUS.**
☐	☐	☐	☐	5. Radiographic control does not require constant operator pressure or does not terminate the exposure properly (12 VAC 5-481-1621-1). **SERIOUS.**
☐	☐	☐	☐	6. Exposure reproducibility: coefficient of variation _____% at a technique setting of _____ (12 VAC 5-481-1621-B). > 10% to < 15% **NON-SERIOUS,** ≥ 15% **SERIOUS.**
☐	☐	☐	☐	7. Timer reproducibility: coefficient of variation _____% at a technique setting of _____ (12 VAC 5-481-1621-B). > 10% to < 15% **NON-SERIOUS,** ≥ 15% **SERIOUS**
☐	☐	☐	☐	8. Radiographic control switch not permanently located in an appropriate protected area defined by a reasonable barrier or distance of at least 9'. (12 VAC 5-481-1621-P2 & P3). **SERIOUS.**
☐	☐	☐	☐	9. Radiographic control not equipped with both visual and audible indication of X-ray production (12 VAC 5-481-1621-K). Either/or: **NON-SERIOUS,** Both: **SERIOUS**
☐	☐	☐	☐	10. kVp error ± _____% of indicated kVp at _____ kVp (12 VAC 5-481-1621-A4). > 10% to < 15% **NON-SERIOUS,** ≥ 15% **SERIOUS**
☐	☐	☐	☐	11. Timer error ± _____ % of indicated seconds at _____ sec (12 VAC 5-481-1621-A4). > 10% to < 15% **NON-SERIOUS,** ≥ 15% **SERIOUS.**
☐	☐	☐	☐	12. Phantom scatter (for initial CT inspection only) & other remarks:

_____ mR/hr @ Entrance to alcove; _____ mR/hr @ Operator's station; _____ mR/hr @ Adjacent/Occupied room