

New Registration:

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

Bone Density Radiographic Systems

RH-F-36 01/2020c

PAGE

ΣĘ	FACILITY ID NO.				TUBE REGISTRATION NO:			MAKE				
FACILITY	NAME						_	PURPOSE				
Œ	NAME						MACHINE	MODEL				
INSPECTOR	SIGNATURE							SERIAL NO.				
INSPI	DATE							MAX. kVp	MAX. mA		ROOM NO.	
ОК	N/A	N/S	S	EVALUATION CRITERIA								
	1071	1.00		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.								
		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). SERIOUS										
			6. Alignment light not accurate to within 2% of SID (12 VAC 5-481-1655-B). NON-SERIOUS.									
		7. Survey (12 VAC 5-481-1601-2): > 100mR in one hour @ 1 meter equivalent SERIOUS Complete either column A or B below										
	A							В				
Couch Side:mR/sca						OR	_	mR/min (OR	mR/hr		
Operator					n:mR/scan	OR		mR/min (OR	_mR/hr		
Doorway:					mR/scan	OR		mR/min (OR	_mrRhr		
Adjacent Room:n					mR/scan	OR		mR/min (OR	_mR/hr		
	Max scans / hour:							Background:				
uR/min ORuR/hr												
	Max Scans / hour:											
Ot	her/Re	emark	s:									
						_	_					