

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

Specimen Form Radiographic Systems

PAGE

RH-F-45 01/2021 OF New Registration:

FACILITY	Y FACILITY ID NO. NAME				TUBE REGISTRATION NO:		MAKE							
Ą	NAME						OFPIAL	NO						
OR	NAME					MACHINE	SERIAL	NO.						
NSPECTOR	SIGNATURE						MAX. kVp		MAX. mA		ROOM NO.			
INSP	DATE													
ОК	N/A	N/S	S		EVALUATION CRITERIA									
				1. Warning label/de	. Warning label/devices not present (12 VAC 5-481-2100-B). NON-SERIOUS.									
				2. Appropriate label	. Appropriate labeling notes (12 VAC 5-481-2100-D). NON-SERIOUS									
				3. Appropriate inter	Appropriate interlocks available (12 VAC 5-481-1190-A1b),(12 VAC 5-481-2100-F1),(12 VAC 5-481-2200). NON-SERIOUS.									
				A Radiation emitte	Padiation amitted from the achieve you gustom shall not avoid an averaging of 0.5 mP in one hour et any									
				5. Scatter measurements:										
	1			Operator Position	n:mR/sec OR _	mF	R/min C	OR	mR/hr					
				Entrance Position	n:mR/sec OR	mF	Z/min O	OR	_mR/hr					
				Exit Position:	mR/sec OR _	mF	mR/min OR		mrRhr					
				Beam (Body Sca	n):mR/sec OR _	mF	R/min C	OR	mR/hr					
				Background:	uR/sec OR	uR	/min O	R	uR/hr					
Otl	her/Re	mark	s:											