

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

Bone Density Radiographic Systems

PAGE

RH-F-36 01/2020c

OF **New Registration:** FACILITY ID NO. TUBE REGISTRATION NO: MAKE **FACILITY** NAME PURPOSE MACHINE MODEL NAME INSPECTOR SIGNATURE SERIAL NO. DATE MAX. kVp BOOM NO MAX. mA OK **EVALUATION CRITERIA** N/A N/S S 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). 3. NON-SERIOUS. 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** 8. Scatter measurements B __ mR/min OR _____ mR/hr Couch Side: mR/scan OR Operator Position: mR/min OR mR/hr mR/scan mR/min OR Doorway: mR/scan OR mrRhr Adjacent Room: mR/scan OR mR/min OR _____ mR/hr Max scans / hour: Background: uR/min OR _____ uR/hr Max Scans / hour: Other/Remarks: