

DENTAL INTRAORAL X-RAY REPORT SUPPLEMENT FORM FOR EXEMPTION REQUIREMENTS ON HAND-HELD, DENTAL INTRAORAL X-RAY UNITS

(This form is used in conjunction with the Dental Intraoral X-ray Report Form)

Facility _____ Date Surveyed _____

Registration no. _____ - _____ Room number _____ Tube Control Number _____ Inspector _____

Address (multiple facilities) _____ Person(s) Interviewed _____

Tubehead manufacturer and serial no. _____

Control panel manufacturer and serial no. _____

Y N N/A

(All reg references preceded by 0400-20-)

1. Y N N/A Are all users provided with whole body monitoring and extremity monitoring for both hands? (06-.05(3)(r)1)
2. Y N N/A Do all operators use the monitoring provided? (06-.05(3)(r)1)
3. Y N N/A Personnel monitoring records maintained? (06-.05(3)(r)1)
4. Y N N/A Whole body dose below 5 R (5000 mrem)? (05-.50(1)(a)1)
5. Y N N/A Right and left ring dose below 50 R (50,000mrem)? (05-50(1)(b)2)
6. Y N The unit is only used in designated exam areas with six feet between bystanders? (06-.05(3)(r)3(i) or (ii))
7. Y N Each staff member trained on proper use and security procedures? (06-.05(3)(r)4)
8. Y N Training records contain date, topics, duration and signatures of student and instructor? (06-.05(3)(r)5)
9. Y N Does the facility have a written security plan with procedures for reporting unauthorized use, misuse, or removal from the storage location? (06-.05(3)(r)2)