

DENTAL X-RAY CHECKLIST and WORKSHEET

(A FACILITY checklist is required with this form)

Tube control number _____ Room number _____ Unit is in storage and not being used.

Control panel manufacturer and serial no. _____

Tubehead manufacturer and serial no. _____

Intraoral

Handheld

Panoramic

Cone Beam CT

Checklist

Choose Y for yes (compliant), N for no (noncompliant,) N/A for not applicable and DNT for did not test.

Questions 9 – 14 apply only to handheld units.

(All reg references preceded by 0400-20-)

Y N N/A DNT

1. Switch at control panel and any remote switch labeled "Caution-Radiation". (05-.111(11))
2. Operator at least 2 meters away from patient and outside primary beam. (06-.05(3)(d))
3. Tubehead stable: Drifts, vibrates (6-.05(3)(p)), or handheld. (06-.05(3)(g))
4. Exposure interrupt for timer setting > 0.5 second. (06-.05(3)(f1.))
5. Exposure reproducible. (06-.05(3)(e)1)
6. Timer reproducible for time setting < 0.5 second. (06-.05(3)(e)2.(ii))
7. mm of Al HVL/Filtration adequate. (06-.05(3)(j)1. and 2. or (q)5.)
8. The unit is unaltered AND/OR manufactured to FDA specifications.
9. All users provided with whole body monitoring and extremity monitoring for both hands. (06-.05(3)(r)1) or (06-.06(2)(a)1)
10. Whole body dose below 5 R (5000 mrem) and ring dose below 50 R (50,000mrem). (05-.50(1)(a)1 and (b)2)
11. The unit is only used in designated exam areas with six feet between bystanders. (06-.05(3)(r)3) or (06-.06(2)(a)3)
12. Each staff member trained on proper use and security procedures. (06-.05(3)(r)4) or (06-.06(2)(a)4)
13. Training records contain date, topics, duration and signatures of student and instructor. (06-.05(3)(r)5) or (06-.06(2)(a)5)
14. The facility has a written security plan with procedures for reporting unauthorized use, misuse, or removal from the storage location. (06-.05(3)(r)2) or (06-.06(2)(a)2)
15. Patient and control panel visible at all times. (06-.05(2)(c)1. or (3)(a)) (Only applies to extraoral x-ray units.)
16. Does each room containing CBCT x-ray equipment have adequate shielding? (06-.04(2))

Worksheet

Settings:

kVp: _____

mA: _____

sec: _____

OR

mas: _____

Measurements:

kVp Measured: _____ Max kVp: _____

HVL Measured: _____ **OR**

Total Filtration Measured: _____

[kVp<50, 0.5 mmAl: kVp 51-70, 1.5: kVp>71, 2.5]

Exposure Readings

	mR	Time
1.		
2.		
3.		
4.		

[Use a measured time interval less than ½ second for timer reproducibility]

Notes