

**FOR OFFICE USE ONLY**

RI Log # \_\_\_\_\_

Facility Checklist    Y            N

Date Received \_\_\_\_\_

# X-ray Inspection Notification and Certification of Compliance

**This certification and any attachment(s) must be submitted within 60 days of inspection to:**

Division of Radiological Health, Davy Crockett Tower, 500 James Robertson Parkway – 9<sup>th</sup> Floor, Nashville, TN 37243

Phone: 615-532-0364

Fax: 615-532-0614

E-mail: [xray.registration@tn.gov](mailto:xray.registration@tn.gov)

**To be completed by the Registered Inspector:** (Use multiple pages as necessary)

Registrant Name \_\_\_\_\_ Registration Number \_\_\_\_\_

Facility Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Facility Phone Number \_\_\_\_\_ Facility Fax Number \_\_\_\_\_ Facility E-mail Address \_\_\_\_\_

Date of Inspection \_\_\_\_\_ Number of Tubes Inspected \_\_\_\_\_ Facility Item(s) of Non-Compliance \_\_\_\_\_

(Record Item #(s) from Facility Checklist)

RI /SI Number \_\_\_\_\_ Approved Registered Inspector (RI /SI ) Signature \_\_\_\_\_

## MACHINE EVALUATION INFORMATION ("Checklist" means the appropriate machine inspection checklist)

Control Numbers Inspected  
(List Each Tube on a Separate Line)

Items of Non-Compliance  
(Record Item #'s from Checklist)

Control Numbers Inspected  
(List Each Tube on a Separate Line)

Items of Non-Compliance  
(Record Item #'s from Checklist)

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**To be completed by the Registrant:**

I \_\_\_\_\_ hereby certify that the above identified Items of Non-Compliance have been repaired or otherwise corrected (applicable service reports attached) and that all tubes now are in compliance with Tennessee State Regulations for Protection Against Radiation.

Signature \_\_\_\_\_  
(Registrant or Authorized Representative)

Title \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_