

THERAPEUTIC X-RAY CHECKLIST

(A FACILITY checklist is not required when completing this form.)

Facility _____ Date Surveyed _____

Registration number _____ - _____ Room number _____ Control number _____ Inspector _____

Facility Email Address _____ Person Interviewed _____

Control Panel manufacturer and serial no. _____

Tubehead manufacturer and serial no. _____

Checklist

Circle Y for yes (compliant), N for no (noncompliant) and N/A for not applicable.

(All reg references preceded by 0400-20-)

- | | Y | N | N/A | |
|-----|-----------------------|-----------------------|-----------------------|--|
| 1. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Copy of registration form available for this unit. (04-.11(1)(d)) |
| 2. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is the information on the registration form for this unit accurate as to address, ownership, possessor and location? (10-.24(5)) |
| 3. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are all of the units registered under this registration possessed by the registrant? (10-.24(5)) |
| 4. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are all of the units possessed at this facility registered? (10-.24(1)) |
| 5. | <input type="radio"/> | <input type="radio"/> | | Regulations present. (04-.11(1)(a)) |
| 6. | <input type="radio"/> | <input type="radio"/> | | “Notice to Employees” (RHS 8-3) posted. (04-.11(1)(g)) |
| 7. | <input type="radio"/> | <input type="radio"/> | | X-ray control panel posted with label stating “CAUTION-RADIATION, THIS EQUIPMENT PRODUCES RADIATION WHEN ENERGIZED”. (05-.111(11)) |
| 8. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Each removable filter marked with its thickness and material. (06-.05(1)(a)5.) |
| 9. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | The x-ray tube secured so that it cannot move in respect to the aperture. (06-.05(1)(a)6.) |
| 10. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | A mark on the x-ray tube housing showing the location of the focal spot. (06-.05(1)(a)6.) |
| 11. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | A device provided to immobilize the tube housing during stationary portal treatment. (06-.05(1)(a)7.) |
| 12. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | A device provided to terminate the exposure automatically after a preset time interval or preset exposure or dose limit. (06-.05(1)(a)8.) |
| 13. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Means provided for the operator to terminate the exposure at any time. (06-.05(1)(a)8.) |
| 14. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is a filter indicator system used on the therapy x-ray apparatus using changeable filters? (06-.05(1)(a)9.)
<i>Color coded filters that are visible from the control panel qualify as an adequate indicator system.</i> |
| 15. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is the filter indicator (when the filter is in the slot) visible and identifiable from the control panel?
06-.05(1)(a)9.) |
| 16. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Doors to the treatment room interlocked. (06-.05(1)(a)10.) |
| 17. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | After interlock broken, restoration of power only possible from the control panel. (06-.05(1)(a)10.) |
| 18. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Treatment room so constructed so that persons within the room at all times able to escape.
(06-.05(1)(a)11.) |
| 19. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | A visible signal which is actuated during the time x-rays are being generated, located outside and near each door to the treatment room? (06-.05(1)(a)12.) |

20. Is there a device on the control panel which indicates to the operator whether or not the tube is energized? (06-.05(1)(a)13.)
21. Calibration of the therapeutic x-ray apparatus performed by a qualified individual. (06-.05(1)(b)1.)
Qualified Individual: *An individual who has demonstrated to the satisfaction of the Division that he possesses the knowledge and training to measure ionizing radiation, to evaluate safety techniques and to advise regarding radiation protection needs. (06-.03(47))*
22. Calibration of the therapeutic x-ray apparatus performed at least annually. (06-.05(1)(b)1.)
23. Records of calibrations maintained. (06-.05(1)(b)1.)
24. Do individuals who hold wear lead aprons? (06-.05(1)(b)2.)
25. Are all holders required to wear personnel monitoring? (06-.05(1)(b)2.)
26. Are records maintained of the personnel monitoring of holders? (06-.05(1)(b)2.)
27. Is both the patient and control panel under observation by the operator during patient irradiation?
(06-.05(1)(b)3.)
28. Initial radiation survey performed for facility (this includes unrestricted area limits under 5-.61).
(06-.05(1)(b)4.)
29. Above survey performed by a qualified individual or registered inspector. (06-.05(1)(b)4.)
30. Records of these surveys maintained. (06-.05(1)(b)4.)
31. Is the operator able to verbally communicate with the patient while the operator is in the control area?
(06-.05(1)(b)6.)
32. No one except the patient in the room during treatment, except for holders. (06-.05(1)(b)7.)
33. When the operator or other personnel are in the treatment room (for units operating below 60 kVp), do they wear lead aprons or in a protected area? (06-.05(1)(b)7.)

Notes