



**TEXAS DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL
CONFIRMATION OF SCHEDULED INSPECTION**

NAME: _____

REGISTRATION NUMBER: _____

DATE OF INSPECTION: _____ **TIME:** _____

STATE INSPECTOR: _____

PUBLIC HEALTH REGION # _____ **PHONE:** _____

REGISTRANT'S CONTACT PERSON: _____

PLEASE NOTE:

- It will be necessary to have a credentialed operator of the unit available for the inspection.
- Time should be allowed for an exit summation of the inspection with the radiation safety officer and the highest level of management available.

Any item on this list may be reviewed at the time of inspection.

- _____ Certificate of Registration
- _____ Applicable regulations
- _____ Operating & Safety Procedures
- _____ Prior Notices of Violation and the response to each Notice
- _____ Evaluation of protective devices (i.e., lead aprons, shields, gloves) and documentation of that evaluation
- _____ Equipment Performance Evaluation(s). **This does not apply to veterinary facilities.**
- _____ Verification of proper credentialing for all individuals who operate the x-ray equipment. **This does not apply to veterinary or dental facilities.**
- _____ Personnel monitoring records (film badge reports) -if applicable
This does not apply to dental facilities.
- _____ Verification of dose to members of the public.
- _____ X-ray film processing compliance
- _____ Records of receipt of purchase, transfer, or disposal for all x-ray machines