



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

CONFIRMATION OF SCHEDULED X-RAY INSPECTION

NAME: _____ REGISTRATION NUMBER: _____

DATE OF INSPECTION: _____ TIME: _____

Registrant's Contact Person/Person who scheduled inspection: _____

PLEASE NOTE:

- ❖ It will be necessary to have one of your employees operate the unit during the inspection. App. 5 minutes per dental unit, 15 to 20 min. for veterinary units, 20 to 30 min. for routine radiographic units and approximately 1 hr. for fluoro units.
- ❖ Time should be allowed for an exit summation with the R.S.O. or the highest level of management available at the time of inspection. This usually takes no more than 10 minutes.

Below is a list of items routinely reviewed during the inspection:

- _____ Current Certificate of Registration (A current expiration date does not mean you have a current Certificate) – read and verify the information listed is correct
- _____ Applicable Regulations (“The Rules”) 25 T.A.C. §289 divisions applicable to your facility
If you have internet access in the office, you do not have to print out a hard copy of the regulations, you can view them online at www.dshs.state.tx.us/radiation/
- _____ Operating and Safety Procedures – guide available online – must be signed by all operators and your Radiation Safety Officer
- _____ Prior Notices of Violation and the response to each Notice
- _____ Evaluation of protective devices (lead aprons) – required yearly, must be documented
- _____ Equipment Performance Evaluations –
As of 9/1/04: Dental – every 4 years, Medical & Chiropractic units – every 2 years / fluoro yearly
Podiatry – every 4 years, Veterinary – every 5 years in conjunction with the Remote Inspection
Fluoro, CT and Therapy units – not to exceed 12 months
- _____ Verification of proper credentialing for all individuals who operate the x-ray equipment
Veterinary facilities are exempt except for the D.V.M.
- _____ Personnel monitoring records (film badge reports) – Dental facilities are exempt
- _____ X-ray film processing compliance or QA/QC for alternate processing methods
- _____ Records of receipt of purchase (pink copy), transfer or disposal for all x-ray units
- _____ Yearly inventory of x-ray units – this is created and maintained by you to include the manufacturer’s name, model number, serial number and room number for each unit
- _____ Notice to Employees

If you have any questions, please contact me at:

STATE INSPECTOR: Insert full name of inspector

(XXX) xxx – XXXX ext xxx

e-mail: inspector@dshs.state.tx.us

DSHS RCP Form: X-RayInspConf #1

Updated 3/26/07

1100 W. 49th Street • Austin, Texas 78756
1-888-963-7111 • <http://www.dshs.state.tx.us>

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