MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore Maryland 21230

(410) 537-3000 • 1-800-633-6101 • http://www.mde.state.md.us

Radiation Machine Inspection Summary Form RX 2a - Dental Facilities Only

A.	ADMINISTRATIVE INFORMATION 1. Facility Registration No 2. Facility Name						
	3. Component Location	Component Use or Other					
	4. Radiation Machine Number	Component suffix					
B.	INSTRUCTION TO THE REGISTRANT						
1.	DENTAL FACILITIES: This form summarizes the results of an inspection conducted by the Department on the date shown on this form. If violations of regulatory requirements were found during the inspection, they are cited below in Section C, and this form serves as a NOTICE OF VIOLATION for those cited violations. Unless otherwise noted, the listed violations do not present a serious and probable danger to patients or employees of a dental facility. All violations must be corrected. The corrective action that needs to be taken for each cited violation is shown in Section E. If you correct a violation that does not present a serious and probable danger within twenty working days from the date of this Notice of Violation, you will not be subject to an administrative penalty for that violation.						
	To comply with the 20 working days deadline, written docum accordance with the instructions of Section B.2, below. If the completed within 20 working days, the Department is author through the date of correction. Notwithstanding and subject present a serious and probable danger to patients or employed.	e Department is not notified of the corrized to seek administrative penalties th to the above, the Department may asse	rective action as re at can accrue from ss an administrativ	quired, or the correct the date the violati	on occurred		
2.	CORRECTION RECORD						
	DENTAL FACILITIES: When corrections are made, initial and date each item below, and return this form with a copy of all receipts for service repairs and purchases, as applicable (see accompanying instruction sheet for mailing information). This form and accompanying receipts must be received by the Department within <u>forty-five</u> (45) days from the date of this Notice of Violation.						
C.	INSPECTION FINDING REQUIREMENT CORRECTIV	'E ACTION	D. CORRECTI	ON RECORD			
IT	EM# DESCRIPTION OF VIOLATIONS AND COMMEN	NTS REGULATION #	RGSTRNT	INSP	DATE		
E.	CORRECTIVE ACTION(S) REQUIRED						
IN	SPECTOR SIGNATURE	LICENSE NUMBER		DATE			
	e registrant is required to sign below in recognition of the insp						
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SIC	GNATURE OF REGISTRANT OR AGENT	DATE					
Fo	rm Number MDE/ARMA/COM.011 (RX 2a)	REGISTRANT'S COPY			Page 1 of 3		

Revision Date 6/1/10 TTY Users 1-800-735-2258

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	completed within 20 working days, the Department is authorized to seek administrative penalties that can accrue from the date the violation occurred through the date of correction. Notwithstanding and subject to the above, the Department may assess an administrative penalty for violations deemed to present a serious and probable danger to patients or employees, regardless of the date of correction.							
2.	CORRECTION RECORD	is of the date of correction.						
۷.	DENTAL FACILITIES: When corrections are made, initial and date each item below, and return this form with a copy of all receipts for service repairs and purchases, as applicable (see accompanying instruction sheet for mailing information). This form and accompanying receipts must be received by the Department within <u>forty-five</u> (<u>45</u>) days from the date of this Notice of Violation.							
C.	INSPECTION FINDING REQUIREMENT CORRECTIVE ACTION		D. CORRECTION RECORD					
ITI	EM# DESCRIPTION OF VIOLATIONS AND COMMENTS	REGULATION #	RGSTRNT	INSP	DATE			
E. (CORRECTIVE ACTION(S) REQUIRED							
INS	SPECTOR SIGNATURE	LICENSE NUMBER	R	DATE				
The	registrant is required to sign below in recognition of the inspection finding	ngs and an understanding o	f the instructions a	bove.				
SIC	SNATURE OF REGISTRANT OR AGENT	DATE						
	rm Number MDE/ARMA/COM.011 (RX 2a) vision Date 6/1/10	TE'S COPY			Page 2 of 3 Recycled Paper			

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		_					
E.	CORRECTIVE ACTION(S) REQUIRED						
TNI	CDECTOD CICNATUDE	I ICENICE NUMBER		DATE			
	SPECTOR SIGNATURE	LICENSE NUMBER		DATE			
Th	e registrant is required to sign below in recognition of the inspec	ction findings and an understanding o	t the instructions a	bove.			
SIC	GNATURE OF REGISTRANT OR AGENT	DATE					
		INSPECTOR'S COPY			Dogg 0 of 0		
F0	rm Number MDE/ARMA/COM.011 (RX 2a)				Page 3 of 3		

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