

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.

To comply with the 20 working days deadline, written documentation of the corrections specified in Section E must be provided to the Department in accordance with the instructions of Section B.2, below.

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 forty-five (45) days from the date of this Notice of Violation.

Table with 6 columns: ITEM#, DESCRIPTION OF VIOLATIONS AND COMMENTS, REGULATION #, RGSTRNT, INSP, DATE. It is divided into two main sections: C. INSPECTION FINDING REQUIREMENT CORRECTIVE ACTION and D. CORRECTION RECORD.

E. CORRECTIVE ACTION(S) REQUIRED

INSPECTOR SIGNATURE LICENSE NUMBER DATE

The registrant is required to sign below in recognition of the inspection findings and an understanding of the instructions above.

SIGNATURE OF REGISTRANT OR AGENT DATE
REGISTRANT'S COPY



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