

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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MDE RX 4

INSPECTION DATA
FACILITY SPECIFIC

Facility Reg. No. _____

Facility Name _____

Date of Inspection _____ Facility Representative _____

Table with 3 columns: Regulation Number, Description, Pass (P), Fail (F), Not Applicable (NA). Rows include D.201, D.502 & D.1107, and D.301.

D.301 Allowable dose levels for unrestricted areas are within standards. Check which method is used:

B.4; F.3(a)(2)(viii)(b) Department approved plan review (copy available and letter at facility)

D.302 Department approved area survey (copy available and letter at facility)

J.11(a)(2) Current registration form must be posted.

J.11(c) Form "Notice to Employees" posted.

F.3(d) Machines must be maintained per manufacturer's specs, and documentation of this maintenance must be maintained and submitted to the Agency

- Machine MDE No. Latest Maintenance Date Service Provider Reg. No.
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Use second page to list additional machines at facility.

B.5/B.9 Department of Health Office of Health Care Quality license posted for radiation machine facilities with cardiac catheterization labs, computed tomography (CT) scanner, or linear accelerators.

Applicable Only to Therapy Facilities: Deviation logbook checked to ensure that there were no unreported misadministrations.

Directive: At this facility, all personnel who apply x-rays to humans for diagnostic or therapeutic purposes are registered or certified by the Board of Physician Quality Assurance.

COMAR 26.12.02(c) At this facility, all machines currently certified (if NO, indicate machine no. and explanation on RX 2)

Inspector No. _____



