

# 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 documentation of the corrections specified in Section E must be provided to the Department in accordance with the instructions of Section B.2, below. If the Department is not notified of the corrective action as required, or the corrective action is not 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

**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.

C. INSPECTION FINDING REQUIREMENT CORRECTIVE ACTION			D. CORRECTION RECORD		
ITEM#	DESCRIPTION OF VIOLATIONS AND COMMENTS	REGULATION #	RGSTRNT	INSP	DATE

### 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

Form Number MDE/ARMA/COM.011 (RX 2a)  
Revision Date 6/1/10  
TTY Users 1-800-735-2258

Page 1 of 3  
Recycled Paper



# 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 documentation of the corrections specified in Section E must be provided to the Department in accordance with the instructions of Section B.2, below. If the Department is not notified of the corrective action as required, or the corrective action is not 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

**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.

C. INSPECTION FINDING REQUIREMENT CORRECTIVE ACTION			D. CORRECTION RECORD		
ITEM#	DESCRIPTION OF VIOLATIONS AND COMMENTS	REGULATION #	RGSTRNT	INSP	DATE

### 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 \_\_\_\_\_

STATE'S COPY

Form Number MDE/ARMA/COM.011 (RX 2a)  
Revision Date 6/1/10  
TTY Users 1-800-735-2258

Page 2 of 3  
Recycled Paper



# 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 documentation of the corrections specified in Section E must be provided to the Department in accordance with the instructions of Section B.2, below. If the Department is not notified of the corrective action as required, or the corrective action is not 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

**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.

C. INSPECTION FINDING REQUIREMENT CORRECTIVE ACTION			D. CORRECTION RECORD		
ITEM#	DESCRIPTION OF VIOLATIONS AND COMMENTS	REGULATION #	RGSTRNT	INSP	DATE

### 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 \_\_\_\_\_

INSPECTOR'S COPY

Form Number MDE/ARMA/COM.011 (RX 2a)  
Revision Date 6/1/10  
TTY Users 1-800-735-2258

Page 3 of 3  
Recycled Paper

