

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**

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**ARMA-MDE RX5****MACHINE DATA**  
**HEALING ARTS-GENERAL**

Mfr. \_\_\_\_\_

Date Manufactured \_\_\_\_\_

Model \_\_\_\_\_

Location \_\_\_\_\_

MDE Machine No. \_\_\_\_\_

Tube S.N. \_\_\_\_\_

Facility Reg. No. \_\_\_\_\_ Facility Name \_\_\_\_\_

Begin Inspection \_\_\_\_\_  
mm dd yy      Inspector No. \_\_\_\_\_

<u>Regulation Number</u>	<u>Description</u>	<u>Pass (P), Fail (F), Not Applicable (NA)</u>
F.3(a)(1)(iii)	Adequate technique charts shall be posted.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.3(a)(1)(iv)	Special safety instruction shall be posted where required.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.3(a)(1)(v)	Protective apparel shall be available as appropriate.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.3(a)(1)(vi)	Gonad shielding shall be available.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.3(a)(1)(vii)	Thyroid shielding shall be available.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.3(a)(1)(ix)	For auxiliary support, mechanical holding devices are available when appropriate.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.3(a)(1)(x)	Procedures and auxiliary equipment to minimize patient and personnel exposure shall be utilized.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.3(a)(1)(xi)	Personnel working with x-ray systems must follow protocol and abide by requirements in Section D.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.4(a)	Warning labels shall be legible, accessible to view, and posted on the control panel.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.4(b)	A charge indicator shall be present on battery powered machines.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.4(f)	There shall be an indication of the selected tube (for multiple tubes).	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.4(g)	The tube head shall be adequately supported.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.4(h)	The technique factors shall be indicated at the control panel.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
F.3(a)(3)(ii)	If human holders are used, the name of the human holder shall be recorded in a retrievable format.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> N/A
	Are certain names appearing routinely on the human holder record?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are all components federally certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

