

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore Maryland 21230
(410) 537-3193 • 1-800-633-6101 • www.mde.maryland.gov

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 _____ Inspector No. _____
mm dd yy**Regulation
Number****Description****Pass (P), Fail (F),
Not Applicable (NA)**

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? ☐ Yes ☐ No ☐ N/AAre all components federally certified? ☐ Yes ☐ No