



FACILITY REPORT

State Form 27791 (R5 / 5-17)
INDIANA STATE DEPARTMENT OF HEALTH
MEDICAL RADIOLOGY SERVICES

Facility registration number		Name of facility	
Address of facility (number and street, city, state, and ZIP code)			
County	Telephone number ()	Name of practitioner	
Date of survey (month, day, year)	Type of survey (check one) <input type="checkbox"/> Initial <input type="checkbox"/> Reinspection		
Number of machines at facility	Number of tubes	Number of operators	
List names of licensed operators, students, and other people taking x-rays at the facility. Please include license / permit number and expiration dates. (Use comment page, if necessary.)			
Type and number of machines at the facility:			
<input type="checkbox"/> Bone density _____	<input type="checkbox"/> Panoramic _____	<input type="checkbox"/> Hand held dental _____	<input type="checkbox"/> Chiropractic _____
<input type="checkbox"/> Therapy _____	<input type="checkbox"/> Mammography _____	<input type="checkbox"/> Portable / mobile _____	<input type="checkbox"/> Podiatric _____
<input type="checkbox"/> Computerized Tomography (CT) _____	<input type="checkbox"/> Veterinary _____	<input type="checkbox"/> Therapy simulator _____	<input type="checkbox"/> Fluoroscopic _____
	<input type="checkbox"/> Dental intraoral _____	<input type="checkbox"/> Stationary radiographic _____	<input type="checkbox"/> Other _____
Satisfactory badge records	Unsatisfactory badge records	Not applicable	

GENERAL INFORMATION REPORT

	Yes	No
1. A current Facility Registration Certificate from the ISDH is posted in the office.	<input type="checkbox"/>	<input type="checkbox"/>
2. A current Notice of Compliance is posted in the office and at the control panel.	<input type="checkbox"/>	<input type="checkbox"/>
3. Written safety procedures and rules are provided	<input type="checkbox"/>	<input type="checkbox"/>
4. Gonadal shielding is available for both patients and ancillary staff.	<input type="checkbox"/>	<input type="checkbox"/>

RECORD MAINTENANCE

	Present	Not Present
<i>These records will be available for review in facilities built after 1985:</i>		
1. Model and serial numbers of all Certified components	<input type="checkbox"/>	<input type="checkbox"/>
2. Plan review of the facility	<input type="checkbox"/>	<input type="checkbox"/>
3. Records of surveys and calibration, maintenance, and modification	<input type="checkbox"/>	<input type="checkbox"/>
<i>In addition, the following records will be available in facilities built after 1993:</i>		
4. Safety survey for new / modified facilities after 1993	<input type="checkbox"/>	<input type="checkbox"/>

Signature of physicist / inspector	Date (month, day, year)
Printed name of physicist / inspector	Physicist / inspector number