



FLUOROSCOPIC AND C-ARM MACHINE INSPECTION

State Form 28280 (R4 / 5-12)
 INDIANA STATE DEPARTMENT OF HEALTH
 MEDICAL RADIOLOGY SERVICES

Facility registration number		Name of facility	
Date of inspection (<i>month, day, year</i>)	Date of last inspection (<i>month, day, year</i>)	Machine identification (<i>check one</i>) <input type="checkbox"/> Certified <input type="checkbox"/> Non-certified <input type="checkbox"/> Mixed	
Check to add this machine <input type="checkbox"/>	Check to delete this machine <input type="checkbox"/>	Name of new owner (<i>if applicable</i>)	
Machine number	Machine design (<i>use codes</i>)	Location within facility	Manufacturer
Model number	Serial number	Means of beam collimation (<i>check one</i>) <input type="checkbox"/> Adjustable <input type="checkbox"/> Cone <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/> None	
Maximum machine rating (kVp)	Maximum machine rating (mA/mAs)	Utilization mode <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> P	
Date of manufacture (<i>month, year</i>)		Date of installation (<i>month, year</i>)	
Type of operator shielding <input type="checkbox"/> Lead drape <input type="checkbox"/> Table lift shield <input type="checkbox"/> Bucky slot shield <input type="checkbox"/> None		Type of fluoroscopic technique factor control <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Both	Image intensified <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain all Unsatisfactory or Not Applicable answers on SF 47602, Comment Page.	Satisfactory	Unsatisfactory	Not Applicable
Primary barrier transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure possible without primary barrier in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mA and kV continuously indicated during exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum SSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance exposure rates posted in a visible location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Image vs. x-ray field alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timer - five (5) minute maximum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timer - audible alarm or x-ray cutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half-value layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indication of beam axis perpendicular to image receptor plane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance exposure rate does not exceed maximum limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure terminated at any time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIGH-LEVEL CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High level audible signal when activated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High level control switch of the deadman type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPOT FILM DEVICES (CERTIFIED UNITS ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure terminated after preset time, mAs, or exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique factors indicated before exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phototime mode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproducibility - exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproducibility - time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
% misalignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray field / selected portion of film - centers alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spot-film automatically adjusts to the correct portion of film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manually adjustable smaller than selected portion of film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indication of beam axis perpendicular to image receptor plane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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