



# STATIONARY RADIOGRAPHIC MACHINE AND EXTRAORAL DENTAL MACHINE INSPECTION

State Form 28281 (R3 / 5-12)  
INDIANA STATE DEPARTMENT OF HEALTH  
MEDICAL RADIOLOGY SERVICES

Facility registration number		Name of facility	
Date of inspection (month, day, year)	Date of last inspection (month, day, year)	Machine identification (check one) <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 (if applicable)	
Machine number	Machine design (use codes)	Location within facility	Manufacturer
Model number	Serial number	Means of beam collimation (check one) <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 (month, year)	Date of installation (month, year)	Exposure switch arrangement in shielded area? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Explain all Unsatisfactory or Not Applicable answers on SF 47602, Comment Page.</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Applicable</b>
Exposure at operator's position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique factors indicated before exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indication of x-ray production – visual at operator position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indication of x-ray termination - audible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure terminated at preset time, mAs, exposure, pulses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure at zero time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure when "off"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube housing assembly stable during exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light illuminance intensity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phototime mode provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phototime mode indicated on control panel when selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple tube indication at control panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple tube indication at tube housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproducibility - exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproducibility - timer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half-value layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
% misalignment of light vs. radiation field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
% misalignment of indicated vs. actual field size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray field / image receptor centers alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminate exposures greater than ½ second at any time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indication of beam axis perpendicular to image receptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure SID within 2% of indicated SID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOR CERTIFIED UNITS ONLY</b>			
PBL available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PBL operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
% misalignment of x-ray field vs. image receptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timer resets to "zero" or initial setting at end of exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linearity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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