



# VETERINARY MACHINE INSPECTION

State Form 45709 (R2 / 5-12)  
 INDIANA STATE DEPARTMENT OF HEALTH  
 MEDICAL RADIOLOGY SERVICES

**NOTE:** *Veterinary units also must meet requirements of 410 IAC 5-6.1-120 (Fluoroscopic machines) and 410 IAC 5-6.1-124 (Therapeutic X-Ray machines operating at less than one MeV).*

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> )	Date of installation ( <i>month, year</i> )	
Exposure switch arrangement on cord? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, length of cord ( <i>feet</i> )	

<i>Explain all Unsatisfactory or Not Applicable answers on SF 47602, Comment Page.</i>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Applicable</b>
Exposure at operator's position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective shielding available for personnel used to hold animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique chart	<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"/>
Total filtration permanently in useful beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray aligned to area of clinical interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube housing of diagnostic type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead man switch	<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