



# THErapy SIMULATOR MACHINE INSPECTION

State Form 45710 (R2 / 5-12)  
 INDIANA STATE DEPARTMENT OF HEALTH  
 MEDICAL RADIOLOGY SERVICES

**NOTE:** If staff are allowed in the room during x-ray production, the simulator must meet all requirements for fluoroscopic machines. Please complete the survey on a regular fluoroscopic system form. See 410 IAC 5-6.1-120 (a)(1) and (2) for specific requirements.

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)	

<b>Explain all Unsatisfactory or Not Applicable answers on SF 47602, Comment Page.</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Applicable</b>
Warning label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mA and kV continuously indicated during exposure (fluoro)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique factors indicated before exposure (rad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phototime mode (rad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timer provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cumulative time indicated on timer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timer reset between patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half-value layer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff in room during x-ray production	<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