



INTRAORAL DENTAL MACHINE INSPECTION

State Form 45713 (R2 / 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 <input type="checkbox"/> In room <input type="checkbox"/> Out of room <input type="checkbox"/> On wall plate or control <input type="checkbox"/> On cord		If on cord, length of cord (feet)	Exposure switch in shielded area? <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain all Unsatisfactory or Not Applicable answers on SF 47602, Comment Page.	Satisfactory	Unsatisfactory	Not Applicable
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"/>
Terminate exposure greater than ½ second at any time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple tube indication on control panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple tube indication on tube housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum SSD vs. cone radiation field	<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"/>
FOR CERTIFIED UNITS ONLY			
Timer reset to initial setting or "zero" 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	Date (month, day, year)
Printed name of physicist	Physicist / inspector number