ISDH Radiological Health Section

INTRAORAL DENTAL MACHINE INSPECTION

1. Facility Registration Number ☐☐☐☐☐ 2. Inspector Signature _____ ☐☐☐ (code)

3. Inspection Date ☐☐☐☐☐☐ 4. Machine Identification (circle): Certified Noncertified Mixed

Last Inspection Date ☐☐☐☐☐☐ 7. New Owner _____

5. Add this machine ☐ 6. Delete this machine ☐ _____

A.Machine Number	B.Machine Design (use Codes)	C.Location Within Facility	D Manufacturer	E.Model and Serial Numbers	F.Means of Beam Collimation (circle one)	G.Maximum Machine Rating	H.Utilization Mode			I. Month and Year of		
							F	M	P	MFG	INST	INSP
					Adj Other Cone Dia None	kVp mA/mAs						

personnel protection:

8. Exposure Switch Arrangement: In Room ☐ Out of Room ☐ In Shielded Area Yes ☐ No ☐

On Wall Plate or Control ☐ On Cord ☐ Cord Length ☐☐ft.

*-Explain on Comment Sheet

	Satisfactory	Unsatisfactory*	N/A*
9. Exposure at operator's position	9.		
10. Technique chart	10.		
11. Warning label	11.		
12. Technique factors indicated before exposure	12.		
13. Indication of x-ray production--visual at operator position	13.		
14. Indication of x-ray termination--audible	14.		
15. Exposure terminated at preset time, mAs, exposure, pulses	15.		
16. Exposure at zero time	16.		
17. Exposure when "off"	17.		
18. Terminate exposure greater than 1/2 second at any time	18.		
19. Multiple tube indication on control panel	19.		
20. Multiple tube indication on tube housing	20.		
21. Minimum SSD vs. cone radiation field	21.		
22. Reproducibility--exposure	22.		
23. Reproducibility--timer	23.		
24. Half-value layer	24.		
FOR CERTIFIED UNITS ONLY			
25. Timer reset to initial setting or "zero" at end of exposure	25.		
26. Linearity	26.		

SDH63-060
State form 45713 (10-92)