

Computerized Tomography and Bone Densitometer X-ray Report Form

(A FACILITY form is required with this form)

Check one: CT or Bone Densitometer or Cone Beam CT

Facility _____ Date Surveyed _____

Registration number _____ - _____ Room number _____ Control number _____ Inspector _____

Address (multiple facilities) _____ Person Interviewed _____

Tubehead manufacturer and serial no. _____

Control panel manufacturer and serial no. _____

Choose Y for yes (compliant), N for no (noncompliant) and N/A for not applicable. (All reg references preceded by 0400-20-)

Y N N/A

Unit is in storage and not being used.

1. Switch at control panel and any remote switch labeled "Caution Radiation". (05-.111(11))

2. Does each room containing CT x-ray equipment have adequate shielding? (06-.04(2))
(For bone densitometer units, c/qqug N/A)

Worksheet *(This section not required for RI use)*

Techniques used: **kVp** _____ **mA** _____ **sec** _____ **# of pulses** _____

Areas where scatter determined: 1. **Operators position** _____ μ R _____

2. _____ μ R _____

3. _____ μ R _____

4. _____ μ R _____

5. _____ μ R _____