NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
X-RAY PROGRAM

DENTAL INTERIM INSPECTION FORM

Registration No.:_____ **Date:**_____

Name:_____
Address:_____
_____ **City – State – Zip** _____
Phone Number_____ **Fax Number** _____
E-Mail _____

- Complete this form and return it to this Department by the date specified in the enclosed letter.
- Include all corrective actions taken for any violation.
- Submit copies of the Equipment Performance Evaluation results for each radiation machine.
- Include all corrective actions taken for any violation.
- Include a current inventory list of all radiation machines.

1.	Yes	No	Do you have a copy of a current Certificate of Registration?
2.	Yes	No	Are all operable dental radiation generating machines properly registered?
3.	Yes	No	Do you have a record of receipt for all radiation machines?**
4.	Yes	No	Have you transferred any radiation machines to another location or disposed of any units? (Must notify the Department within 30 days of any radiation inventory change)
5.	Yes	No	Is a copy of the current regulations 180 NAC 21 available in your facility? (Regulations available at http://www.dhhs.ne.gov/rad)
6.	Yes	No	Is a "Notice to Employees" (NRH-3) posted? (It is available at http://www.dhhs.ne.gov/rad
7.	Yes	No	Have *Equipment Performance Evaluations been performed on all radiation machines at the required five year interval?
8.	Yes	No	Do you have written Operating and Safety Procedures available for all operators of the dental radiation generating machines?
9.	Yes	No	Do operators maintain a six foot distance while continuously viewing the patient during exposures?
10.	Yes	No	(If all radiographs are obtained digitally, **STOP**) Are all films developed using the time/temperature method recommended by the film manufacturer?
11.	Yes	No	Is the specified developer time/temperature for auto/manual processing posted in the film processing area?
12.	Yes	No	Have all film processing chemicals been replaced according to the chemical manufacturer/supplier recommendations or at an interval which does not exceed three months?
13.	Yes	No	Is a log maintained that includes the date the processing chemicals were replaced and initials of individual performing the change?
14.	Yes	No	If a daylight processor is used, **STOP**: Is the lighting in the film processing/loading area maintained using the manufacturer's recommendation for the filter, bulb wattage and working distance?
15.	Yes	No	Have darkroom light leak tests been performed at an interval not exceeding six months?
16.	Yes	No	Is a log maintained that includes date and initials of individual performing darkroom light leak tests or dates of any corrective repairs?

*Equipment Performance Evaluations (machine calibrations) are performed by your service company.
**If records of receipt are not available (Question 3), document the following information:

Name of manufacturer — Model number from control panel
Serial number from control panel — Approximate date of manufacture
Name of company from which equipment was purchased

Comments:

Form Completed by: _____Date_____
Signature of Radiation Safety Officer _____Date_____

- Please retain a copy of the completed inspection form for your records