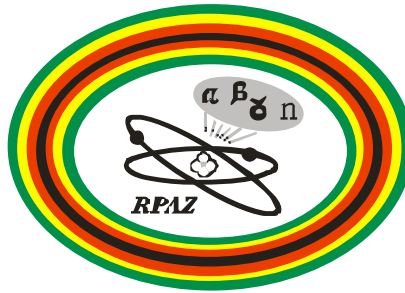


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RADIATION PROTECTION AUTHORITY OF ZIMBABWE

RADIATION PROTECTION ACT (CHAPTER 15:15)

CHECKLIST FOR INSPECTION OF DENTAL X-RAY FACILITIES

A. GENERAL INFORMATION

- a. Name of facility:
- b. Address:
.....
- c. Telephone:
- d. E-mail:
- e. Licence number:
- f. Name and title of the responsible representative:
.....

B. AUTHORIZED OPERATORS

Name	Title

C. RADIATION GENERATING EQUIPMENT

	Manufacturer	Model	Serial Number	Maximum kVp	Maximum mAs	Weekly Workload
1.						
2.						
3.						
4.						

D. VERIFICATION OF RADIATION SAFETY

1. Safety, Control and Equipment Design

	Yes	No
i) Does the physical layout allow the operator to stand at least 2metres from the source of ionizing radiation?		
ii) Does the exposure terminate when pressure is released from exposure control button?		
iii) Are exposure charts indicating machine settings for various projection and patient sizes available?		
iv) Are patient protective shields available?		
v) Does the dental X-ray tube remain in position without human assistance?		
vi) Is there visual evidence that the tube head is damaged or leaking oil		
vii) Does the beam size meet regulatory requirements?		
viii) Is the collimator/cone intact or in place		
ix) Are measurements of scatter radiation at the operator position and all adjacent areas surrounding the dental x-ray area within acceptable values?		

Comments (if any)

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2. Dark room and developer processes

	Yes	No
i) Are manual processing system for thermometer and timer to standardize development of films available?		
ii) Are there postings of suggested development times and temperatures?		

Comment on the cleanliness of darkroom and developer systems

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3. Monitoring

	Yes	No
a) Do all dental operators have personnel dosimeters?		
b) Are the dosimeters:		
i) Worn properly?		
ii) Exchanged at required frequency?		
c) Are personnel exposures within limits?		

4. Verification of Records

	Yes	No
a) Does the registrant/licensee display the authorization certificate?		
b) Are personal dosimetry records being kept?		
c) Are there local rules in place?		
d) Do the local rules include prevention of holding for dental x-ray examinations?		
e) Are maintenance and service records being kept?		
f) Does the facility have records for managing pregnant operators and pregnant patients?		
g) Does the facility have records with approximate numbers of exposures made in each dental procedure?		

E.COMMENTS

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F. RECOMMENDATIONS

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Names of Inspectors.....

Facility representative.....

Date.....