

## GENERAL X-RAY FACILITY SELF ASSESMENT CHECKLIST

*(Adapted from the current FDA-CDRRHR Radiation Protection Survey and Evaluation (RPSE) Checklists)*

Name of Facility	Date Accomplished
Facility Address	X-ray Facility Level

### I. MACHINE DETAILS *(for those applied for initial authorization only)*

#	Machine Type	Manufacturer Name / Brand		Serial Number	
		Control Console	Tube	Control Console	Tube
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

### II. PERSONNEL REQUIREMENTS

*(please check "yes" if complied, "no" if not complied, and N/A if not applicable)*

REQUIREMENT <small><i>(Based on DOH AO No. 35 s. 1994, AO No. 2-A s. 1996, and AO 149 s. 2004)</i></small>	YES	NO	N/A
1. The head of a diagnostic x-ray facility who is the person-in-charge of the activities shall be a qualified physician as defined in DOH Administrative Order No. 35 s. 1994 <ul style="list-style-type: none"> <li>a. Diplomate or fellow of the Philippine Board of Radiology or the Philippine College of Radiology.</li> <li>b. Refer to section 4.1.1.2 to 8 of AO 35 s. 1994 if no physician with the qualification above.</li> <li>c. For Dental x-ray facilities, a PRC licensed dental practitioner with appropriate training in dental x-ray work as per DOH AO no. 2-A s. 1996.</li> </ul>			
2. A fulltime x-ray/radiologic technologist who is registered with the Professional Regulation Commission (PRC) shall be hired for each machine. <ul style="list-style-type: none"> <li>a. Required only for dental x-ray machines in lieu of an available duly qualified dental x-ray practitioner.</li> </ul>			
3. The facility shall have a Radiation Protection Officer (RPO) who is one of the following: <ul style="list-style-type: none"> <li>a. Head of the facility</li> <li>b. Medical Physicist</li> <li>c. Chief Radiologic Technologist of x-ray technologist with at least ten years working experience and attended a course on radiation protection conducted by an organization recognized by the CDRRHR.</li> <li>d. Dental practitioner with appropriate training for dental x-ray facilities.</li> </ul>			

### III. OPERATIONAL AND ADMINISTRATIVE REQUIREMENTS

(please check "yes" if complied, "no" if not complied, and N/A if not applicable)

REQUIREMENT (Based on DOH AO No. 35 s. 1994, AO No. 2-A s. 1996, and AO 149 s. 2004)	YES	NO	N/A
1. The facility shall establish a quality assurance program to ensure continuous compliance with the requirements set forth by the Department of Health under which the following policies should be included:			
a. The head of the facility shall establish a Quality Control (QC) Program/Manual for the x-ray facility under which the following policies should be included: <b>(PROVIDE A SCANNED COPY)</b>			
i. List of individuals responsible for monitoring and maintenance.			
ii. Classification of areas as to controlled and supervised areas for occupational dose monitoring.			
iii. List of parameters to be monitored and frequency of monitoring.			
iv. Description of standards, criteria of quality, limits of acceptability for every machine to be monitored.			
v. Description of procedures to be done for every machine to be monitored.			
vi. Records of preventive and corrective maintenance done per machine including records of daily quality checks.			
vii. Records of frequency of changing solutions for darkroom image processing. <i>(if applicable)</i>			
viii. Operation manuals and circuit diagrams including tube rating charts and cooling diagrams.			
b. The Radiation Protection Officer (RPO) shall establish and be responsible for the conduct of a Radiation Protection/Safety Program under which the following policies should be included: <b>(PROVIDE A SCANNED COPY)</b>			
i. Policy on dose monitoring for radiology personnel (including interns, OJTs), patients, carers, pregnant personnel, etc.			
ii. Policy on radiation protection/safety of pregnant women. (e.g. posting of notices, risk communication, etc.)			
iii. Records and analysis of personnel dose monitoring. Service Provider: _____ Subscription period: _____ Official Receipt No. _____ No. of TLD/OSL: _____			
iv. Records and policy on request and referral of x-ray examinations.			
v. Procedures and practices to reduce dose of patients, workers, and the public.			
vi. Guidelines of appropriate action for personnel/patient that exceeded dose limits. (action plan, corrective measures, risk communication, etc.)			
vii. Process of reporting and notification in cases of exceeded doses.			
c. All x-ray examinations should be justified by a qualified physician in which a proper request and referral policy should be established.			
d. Radiographic technique charts per x-ray machine posted near the control console. <b>(PROVIDE A SCANNED COPY)</b>			
e. Records and analysis of image reject/spoilage. <b>(IF APPLICABLE, PROVIDE PICTURE OF LOGBOOK)</b>			
f. Cleanliness and orderliness of the whole x-ray facility.			
g. File of written results signed by qualified physician.			

#### IV. GENERAL PHYSICAL PLANT REQUIREMENTS

(please check "yes" if complied, "no" if not complied, and N/A if not applicable) refer to individual machine checklist for physical plant requirements specific to an x-ray machine

<b>REQUIREMENT</b> (Based on DOH AO No. 35 s. 1994, AO No. 2-A s. 1996, and AO 149 s. 2004) (PROVIDE DIGITAL/SCANNED COPY OF FACILITY FLOOR PLAN/LAYOUT)	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. For automatic/manual processing (Dark room processing)			
a. Adequate space (2.0 m x 1.5m)			
b. Processing tanks (for manual processing only)			
c. Separate paddles for processing tanks (for manual processing only)			
d. Light tight			
e. Well ventilated (with exhaust fan)			
f. Tinted standard safelight (>1.3 m from working table)			
g. Proper storage of unprocessed films			
h. Well-maintained intensifying screens			
i. Luminous timer/digital timer (for manual processing only)			
j. Non-mercurial thermometer (for manual processing only)			
2. For digital/computed radiography processing (DR/CR)			
a. Designated area for processing/viewing machine			
3. Waiting area for patients (provision/designated area)			
4. Film storage and/or reading area (where applicable)			
a. 1 m x 2 m for level one (1) x-ray facility			
b. 3 m x 3.5 m for level two (2) and three (3) x-ray facility			

#### V. INDIVIDUAL MACHINE REQUIREMENTS

Accomplish and attach applicable individual machine checklist (Annex C-I to IV)

I hereby declare that this application has been accomplished by me, and that the foregoing information and attached documents required for the authorization are true and corre

<b>PREPARED AND ACCOMPLISHED BY:</b>		
<b>Name:</b>	<b>Designation/Position:</b>	<b>Date:</b>

<b>ATTESTED BY (FACILITY HEAD/MANAGER)</b>		
<b>Name:</b>	<b>Designation/Position:</b>	<b>Date:</b>

## INDIVIDUAL X-RAY MACHINE CHECKLIST

<b>ANNEX D - I</b>
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Name of Facility
Facility Address

### GENERAL RADIOGRAPHY AND FLUOROSCOPY X-RAY MACHINE REQUIREMENTS

*(use additional sheets if necessary)*

Machine #

*(based on  
Section I of  
the Annex C)*

#### Applicable Type of Machines

Stationary X-ray Machine	Radio/Fluoroscopic X-ray Machine (RF)
Mobile X-ray Machine	Mobile C-arm Fluoroscopy Machine
Transportable X-ray Machine	Cardiac Catherization Fluoroscopic Machine

REQUIREMENT <i>(please check "yes" if complied, "no" if not complied, and N/A if not applicable)</i>	YES	NO	N/A
1. X-ray machine properly installed, operational, and duly accepted by the licensee with appropriate documents signed by installer/supplier and received by licensee representative/owner. <b><i>(provide pictures/proof of installation/machine calibration certificate)</i></b>			
2. Audible and/or visible indication of x-ray production <i>(AO 35 s. 1994 sec. 5.1.14)</i>			
3. Means to set exposure factors <b><i>(provide pictures of control console)</i></b> <i>(AO 35 s. 1994 sec. 5.1.9)</i>			
4. Mechanically stable <i>(AO 149 s. 2004 sec. 3.2)</i>			
5. All moving parts move smoothly without obstructions to motion <i>(AO 149 s. 2004 sec. 3.2)</i>			
5. Adequate x-ray room size (for stationary x-ray & RF machines) <b><i>(provide digital/scanned copy of facility floor plan/layout)</i></b> <i>(AO 35 s. 1995 sec. 6.1)</i> a. X-ray w/o table: 2.5 x 3 m b. X-ray w table: 3.5 x 4 m c. X-ray w titling table: 4.5 x 4.5 m d. Transportable x-ray: 2 x 2 m			
6. Adequate shielding for the x-ray room (doors, walls, etc.) <i>(AO 35 s. 1995 sec. 6.2)</i> a. At least 6 inches thick poured concrete with a density of 2.35 g/cm <sup>3</sup> b. At least 1/6 in (1.5 mm) thick lead sheet glued onto and sandwich between wooden panels without any punctures during installation.			
7. Dressing Area <b><i>(provide pictures)</i></b> <i>(AO 35 s. 1995 sec. 6.18)</i>			
8. Fixed/Movable Protective barrier with means of viewing patient (glass/acrylic with 1.5 mm lead equivalence) and with adequate shielding from x-rays similar to room shielding requirements. <b><i>(provide pictures)</i></b> <i>(AO 35 s. 1995 sec. 6.4)</i>			
9. If windows are present, it should be elevated to height of at least 2 m from ground. <b><i>(provide pictures)</i></b> <i>(AO 35 s. 1995 sec. 6.6)</i>			
10. With red warning light bulb <b><i>(provide pictures)</i></b> <i>(AO 35 s. 1995 sec. 6.7)</i>			
11. With appropriate warning notice <b><i>(provide pictures)</i></b> <i>(AO 35 s. 1995 sec. 6.8)</i>			
12. With adequate ventilation <b><i>(provide pictures)</i></b> <i>(AO 35 s. 1995 sec. 6.1)</i>			
13. Toilet with door opening directly to x-ray room <b>if</b> examinations using contrast media will be performed <b><i>(provide pictures)</i></b> <i>(AO 35 s. 1995 sec. 6.19)</i>			
14. Radiological accessories <b><i>(provide pictures/proof of purchase)</i></b> <i>(AO 35 s. 1995 sec. 6.20)</i>			
a. Caliper			
b. Contact gonadal shields all sizes ( <i>&gt;1.5 mm Pb equivalent</i> ) <i>(not needed for x-ray facilities for chest, heart, and lung imaging only)</i>			
c. Upright gonadal shield ( <i>&gt;1.5 mm Pb equivalent</i> )			
d. Lead equivalent gloves ( <i>&gt;0.25 mm Pb equivalent</i> ) <i>(not needed for x-ray facilities for chest, heart, and lung imaging only)</i>			
e. Lead equivalent apron ( <i>&gt;0.25 mm Pb equivalent</i> )			
f. Lead equivalent goggles <i>(for fluoroscopic machines only)</i> <i>(not needed for x-ray facilities for chest, heart, and lung imaging only)</i>			
g. Lead equivalent thyroid shields <i>(for fluoroscopic machines only)</i> <i>(not needed for x-ray facilities for chest, heart, and lung imaging only)</i>			