ANNEX D

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 *(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 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 a. Diplomate or fellow of the Philippine Board of Radiology or the Philippine College of Radiology. b. Refer to section 4.1.1.2 to 8 of AO 35 s. 1994 if no physician with the qualification above. 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.			
2. A fulltime x-ray/radiologic technologist who is registered with the Professional Regulation Commission (PRC) shall be hired for each machine. a. Required only for dental x-ray machines in lieu of an available duly qualified dental x-ray practitioner.			
3. The facility shall have a Radiation Protection Officer (RPO) who is one of the following: a. Head of the facility b. Medical Physicist 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. d. Dental practitioner with appropriate training for dental x-ray facilities.			

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: ***(PROVIDE A SCANNED COPY)***			
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. *(if applicable)*			
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: ***(PROVIDE A SCANNED COPY)***			
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. ***(PROVIDE A SCANNED COPY)***			
e. Records and analysis of image reject/spoilage. ***(IF APPLICABLE, PROVIDE PICTURE OF LOGBOOK)***			
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

REQUIREMENT *(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)***	**YES**	**NO**	**N/A**
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

PREPARED AND ACCOMPLISHED BY:		
Name:	**Designation/Position:**	**Date:**

ATTESTED BY (FACILITY HEAD/MANAGER)		
Name:	**Designation/Position:**	**Date:**

INDIVIDUAL X-RAY MACHINE CHECKLIST

ANNEX D- III

Name of Facility
Facility Address

MAMMOGRAPHY X-RAY MACHINE REQUIREMENTS

(use additional sheets if necessary)

Machine # ☐

(based on Section I of the Annex C)

Applicable Type of Machines

Analog Mammography Machines
Digital Mammography Machines
3D Mammography Machines

REQUIREMENT *(please check "yes" if complied, "no" if not complied, and N/A if not applicable)*	**YES**	**NO**	**N/A**
1. Mammographic unit assembly properly installed, operational, and duly accepted by the licensee with appropriate documents signed by installer/supplier and received by licensee representative/owner. ***(provide pictures/proof of installation)***			
2. Undergone and passed performance testing conducted by PLSD-CSL or by DTI-PAB accredited testing laboratory ***(attach report of service provider)*** *(BO 220 s. 2002)*			
3. Adequate x-ray room size (*manufacturers specifications*) *(AO 35 s. 1995 sec. 6.1.4)*			
4. Adequate shielding for the x-ray room (doors, walls, etc.) *(AO 35 s. 1995 sec. 6.2)* a. At least 6 inches thick poured concrete with a density of 2.35 g/cm^3 b. At least 1/6 in (1.5 mm) thick lead sheet glued onto and sandwich between wooden panels without any punctures during installation.			
5. 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. ***(provide pictures)*** *(AO 35 s. 1995 sec. 6.4)*			
6. With red warning light bulb ***(provide pictures)*** *(AO 35 s. 1995 sec. 6.7)*			
7. With appropriate warning notice outside x-ray examination room door. It shall be made up of a solid yellow equilateral triangle 180 mm long on each side. At the center of the triangle is a black tre-foil sign for radiation. Under the triangle are the words "**X-RAY ROOM: DO NOT ENTER WHEN THE RED LIGHT IS ON**". The Warning notice shall be on a 180 mm x 270 mm white background. ***(provide pictures)*** *(AO 35 s. 1995 sec. 6.8)*			
8. With adequate ventilation ***(provide pictures)*** *(AO 35 s. 1995 sec. 6.1)*			
9. Dressing Area ***(provide pictures)*** *(AO 35 s. 1995 sec. 6.18)*			