Sample X-ray Inspection Letter

Facility Name: Facility Number:

This letter confirms your inspection appointment by the Minnesota Department of Health Radiation Control Unit on:

(Date):

The inspection will include a review of all required documentation, including but not limited to:
- Documentation from last inspection, if applicable
- Staff member from facility available to assist with inspection, equipment set-up and exposures
- Quality Assurance Policy and Procedures for Radiation Protection
- Operator’s Manuals (digital systems)
- Equipment Performance Evaluation Report (Physicists, Vendors, or BioMed)
- Quality Control Test Results/Films: Darkroom, Processor, Screen-film testing, Aprons, gloves, thyroid shields, gonadal shields
- Training Records
- Personnel Exposure Monitoring (if applicable)
- Shielding Plan(s)
- Credentials of those individuals taking x-rays
- Delegation Agreement (i.e. Radiation Safety Officer, Physician Assistant)
- Patient Logs
- Retake/Reject Analysis
- Radiation Program Audit(s)
- Additional information may be required

For further information see Minnesota Rules, Chapter 4732, Ionizing Radiation at: www.health.state.mn.us/xray, click on 4732 Rules. Inspection times are approximately 10-15 minutes per dental unit, and 30 minutes-1 hour for medical radiography systems.

Inspector Information: Inspector Name
Minnesota Department of Health
Radiation Control Unit
625 Robert Street North
P.O. Box 64975
St. Paul, Minnesota 55164-0975
Phone: 651-201-ext
Fax: 651-201-4606

An exit interview will be conducted to discuss the preliminary findings of the inspection. Your facility radiation safety officer should be present at this interview.

If you have an emergency and are unable to keep this appointment, please give us at least a 48 hour notice (Monday – Friday) by calling 651-201-4545.