

Sample Annual Audit for Medical X-ray Registrants

6/27/2022

Chapter 4732.0540 requires the registrant to ensure that the quality assurance program, its content, and implementation are reviewed annually for compliance with the rule. The registrant must ensure that all radiation program audits are performed according to procedures established by the registrant or radiation safety officer. Any noncompliance issues found during the audit must be corrected and documented. The radiation safety officer must review any corrective actions taken.

The following page contains an example of a checklist that could be used for a facility's audit. The facility may have existing forms, a way to retrieve the information electronically or would prefer computer generated forms. These are all acceptable, provided the information is complete and available at the time of inspection.

The sample program audit below may not be complete for all facilities and may include items that are not applicable to all facilities. Each facility should create a site-specific audit form.

Audit History

Audit Item	Rule Part	N/A	Yes	No
Date of the previous audit:				
Were previous audits conducted annually?	4732.0540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records of previous audits maintained?	4732.0540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deficiencies identified?	4732.0540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the deficiencies corrected?	4732.0540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Organization and Scope of Program

Audit Item	Rule Part	N/A	Yes	No
Is the Radiation Safety Officer identified?	4732.0500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Does the RSO meet MDH training requirements?	4732.0500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is RSO fulfilling all duties?	4732.0500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the written agreement in place for the RSO?	4732.0500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. All x-ray equipment registered with the MDH?	4732.0200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Changes in program since the last audit?	4732.0520	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. RSO established/reviewed retake and reject analysis	4732.0535	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All equipment registered with MDH	4732.0200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDH notified of new/removed equipment	4732.0200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shielding plans submitted for remodel or new construction?	4732.0360	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shielding placard posted if constructed or remodeled after 11/2007?	4732.0360	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operating and Emergency Procedures

Audit Item	Rule Part	N/A	Yes	No
Quality assurance manual established?	4732.0520	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation safety policies and procedures current?	4732.0520	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALARA program?	4732.0530	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeat/Reject analysis polices/procedures in place?	4732.0535	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique charts completed and near the x-ray control?	4732.0550	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient/Image receptor holding policy in place?	4732.0510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declared pregnant procedures in place?	4732.0415	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient utilization logs are maintained and complete?	4732.0545	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality Control Procedures

Audit Item	Rule Part	N/A	Yes	No
Equipment evaluations performed?	4732.1100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Service provider recommendations evaluated?	4732.0700	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processor quality control tests performed?	4732.0555	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Darkroom quality controls tests performed?	4732.0555	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeat rate calculated and reasons for rejections reviewed?	4732.0535	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead aprons, gloves and thyroid shield integrity performed?	4732.0550	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screen speed and contact tests performed?	4732.1100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All quality control tests performed at the required frequency?	4732.1100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital manufacturer's quality control procedures followed?	4732.1100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all records been maintained?	4732.0330	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X-ray Operator Qualifications

Audit Item	Rule Part	N/A	Yes	No
X-ray operators qualified to perform examinations?	4732.0570	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Scope X-ray Operators performing only those examinations within the modules passed?	4732.0570	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students/Externs in an approved course?	4732.0590	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Performing only those examinations within the scope of training?	4732.0590		<input type="checkbox"/>	<input type="checkbox"/>

X-ray Operator Training

Audit Item	Rule Part	N/A	Yes	No
X-ray operators received initial training?	4732.0510		<input type="checkbox"/>	<input type="checkbox"/>
Training program implemented?	4732.0510		<input type="checkbox"/>	<input type="checkbox"/>
1. Operating procedures?	4732.0510		<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency procedures?	4732.0510		<input type="checkbox"/>	<input type="checkbox"/>
3. Fluoroscopic specific training performed?	4732.0825	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. CT specific training performed?	4732.0860	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Training for changes in program? (New equipment, image receptors)	4732.0510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Monitoring Device

Audit Item	Rule Part	N/A	Yes	No
Are individual monitoring devices in use?	4732.0440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual monitoring evaluation performed?	4732.0440		<input type="checkbox"/>	<input type="checkbox"/>
New employee individual monitor (dosimeter records) history collected?	4732.0440		<input type="checkbox"/>	<input type="checkbox"/>
Users notified in writing of annual exposure?	4732.0440		<input type="checkbox"/>	<input type="checkbox"/>
Users notified of total dose upon termination?	4732.0440		<input type="checkbox"/>	<input type="checkbox"/>
Dosimetry reports reviewed quarterly by the RSO?	4732.0440		<input type="checkbox"/>	<input type="checkbox"/>
Reports maintained for 30 years?	4732.0440		<input type="checkbox"/>	<input type="checkbox"/>
Is the monitoring worn in the proper locations?	4732.0440		<input type="checkbox"/>	<input type="checkbox"/>

Summary of Findings

Corrective and Preventive Actions

ANNUAL AUDIT FOR MEDICAL REGISTRANTS

Audit Conducted By

Signature _____

Date _____

Title _____

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To obtain this information in a different format, call: 651-201-4545.