



Radiation Control, X-ray Unit
 625 North Robert Street
 PO Box 64497
 St. Paul, Minnesota 55164-0497
 651-201-4545
www.health.state.mn.us/xray
health.xray@state.mn.us

Sample Annual Audit Dental X-ray Registrants (4732.0540)

Registrants only need to address those areas that apply to their activities. Activities that have not occurred since the last audit need not be reviewed at the next audit.

Audit History				
		N/A	Yes	No
Previous audit date				
Previous audits conducted annually?	4732.0540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous audits records 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"/>
Deficiencies corrected?	4732.0540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization and Scope of Program				
		N/A	Yes	No
Radiation Safety Officer (RSO) identified	4732.0500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSO meet MDH training requirements?	4732.0500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSO fulfilling all duties?	4732.0500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written agreement in place for the RSO?	4732.0500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray equipment registered with the MDH?	4732.0200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in program since the last audit?	4732.0520	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating and Emergency Procedures				
		N/A	Yes	No
Procedures current?	4732.0520	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique charts completed and in place?	4732.0550	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding procedures in place?	4732.0510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead aprons in use?	4732.0510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing orders for recall patients current?	4732.0560	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declared pregnant staff?	4732.0415	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Control Procedures				
		N/A	Yes	No
Procedures current?	4732.0520	<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"/>
Equipment evaluations performed?	4732.1100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Records maintained?	4732.0330	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray Operator Training				
		N/A	Yes	No
X-ray Operators qualified?	4732.0580	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New X-ray Operators received initial training?	4732.0510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training program implemented?	4732.0510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating procedures?	4732.0510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency procedures?	4732.0510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for changes in program? (new equipment, digital)	4732.0510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Monitoring Device				
		N/A	Yes	No
Individual monitoring devices in use?	4732.0440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Users notified in writing of annual exposure?	4732.0440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports reviewed quarterly?	4732.0440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports maintained for 30 years	4732.0440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring worn in the proper locations?	4732.0440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audits and Findings				
Summary of findings:				
Corrective and preventive actions:				
Audit conducted by:		Date:		
_____		_____		