

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH FACILITY CERTIFICATION DOCUMENT</b>					FOR NIOSH USE ONLY						
RETURN TO		NIOSH COAL WORKERS' HEALTH SURVEILLANCE PROGRAM PO Box 4258 MORGANTOWN, WEST VIRGINIA 26504					FOR NIOSH USE ONLY				
Facility name						Telephone Number					
Street Address				City		State	Zip Code		County		
Type of Facility (Mobile, Clinic, Private Office, Hospital, etc.)				Number of Beds		Average Number of Chest X-Rays Taken Per Month Last Year					
X-Ray Units (Separate section for each unit)											
Manufacturer		Model (Generator)			Date Acquired	MAX. kVp.		MAX. mA.		Source to Film Distance	
Phase (Single, Three)		Pulse (If Three Phase)	Battery Powered?	Capacitor Discharge		Type Anode (Tube Rotating, Stationary)					
Grid Used	Type (Stationary, Moving)		Air Gap Used	Ratio	Lines Per Inch	Manufacturer of Grid					
Processing (Manual, Machine)		Processing Time		Manufacturer of Processor				Model			
Date of Last Radiation Inspection		Inspected By			Deficiencies and Date Corrected						
Manufacturer		Model (Generator)			Date Acquired	MAX. kVp.		MAX. mA.		Source to Film Distance	
Phase (Single, Three)		Pulse (If Three Phase)	Battery Powered?	Capacitor Discharge		Type Anode (Tube Rotating, Stationary)					
Grid Used	Type (Stationary, Moving)		Air Gap Used	Ratio	Lines Per Inch	Manufacturer of Grid					
Processing (Manual, Machine)		Processing Time		Manufacturer of Processor				Model			
Date of Last Radiation Inspection		Inspected By			Deficiencies and Date Corrected						
Name (s) of X-Ray Technologist (s)					Qualifications						
I agree to participate in this program in the manner specified by Part 37 of the Code of Federal Regulations (42 CFR Part 37) , and understand that all information used in connection with this program will be held STRICTLY CONFIDENTIAL and divulged only as specified by the above Regulation.											
Name of M.D. in Charge				Signature					Date		

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Public reporting burden of this collection of this information is estimate to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA, 30333 ATTN:PRA (0920-0020). Do not send the completed form to this address.