

PORTABLE X-RAY SURVEY REPORT

PROVIDER NUMBER

DATE SURVEYED

(1) INITIAL SURVEY

(2) RESURVEY

H1

H2

NAME OF SUPPLIER

ADDRESS OF SUPPLIER

NAME OF SURVEYOR

PROFESSIONAL QUALIFICATIONS OF SURVEYOR

CODE	STANDARDS	MET	NOT MET	N/A	EXPLANATORY STATEMENT
H5	<p>§486.100 COMPLIANCE WITH FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS The supplier of portable X-ray services is in conformity with all applicable Federal, State, and local laws and regulations.</p>				
H6	<p>(a) Licensure or Registration of Supplier In any state in which State or applicable local law provides for the licensure or registration of suppliers of X-ray services, the supplier is (1) licensed or registered pursuant to such law, or (2) approved by the agency of the State or locality responsible for licensure or registration as meeting the standards established for such licensure or registration.</p> <p><input type="checkbox"/> LICENSED <input type="checkbox"/> APPROVED FOR LICENSURE <input type="checkbox"/> N/A</p> <p>NAME OF AGENCY: _____</p>				
H7	<p>(b) Licensure or Registration of Personnel All personnel engaged in operating portable X-ray equipment are currently licensed or registered in accordance with all applicable State and local laws.</p>				
H8	No. of Personnel				
H9	No. licensed or approved				Name of Licensing Agency
H10	No. NOT licensed or approved				
H11	<p>(c) Licensure or Registration of Equipment All portable X-ray equipment used in providing portable X-ray services is licensed or registered in accordance with all applicable State and local laws.</p>				

NAME OF FACILITY

CODE	STANDARDS	MET	NOT MET	N/A	EXPLANATORY STATEMENT
	List all portable X-ray equipment (indicate if licensed or registered)				
	EQUIPMENT				
	YES NO				
H12					
H13					
H14					
H15					
H16	<p>(d) Conformity with Other Federal, State and Local Laws and Regulations The supplier of portable X-ray services agrees to render such services in conformity with Federal, State and local laws relating to safety standards.</p>				
H17	<p>§486.102 SUPERVISION BY A QUALIFIED PHYSICIAN Portable X-ray services are provided under the supervision of a qualified physician.</p>				
H18	<p>(a) Physician Supervision The performance of the roentgenologic procedures is subject to the supervision of a physician who meets the requirements of paragraph (b) of this section and one of the following requirements is met:</p> <p>(1) The supervising physician owns the equipment and it is operated only by his employees, or</p> <p>(2) The supervising physician certifies annually that he periodically checks the procedural manuals and observes the operators' performance, that he has verified that equipment and personnel meet applicable Federal, State, and local licensure and registration requirements and that safe operating procedures are used.</p>				
H19					
	Physician's Name	State in which licensed			

NAME OF FACILITY

CODE	STANDARDS	MET	NOT MET	N/A	EXPLANATORY STATEMENT						
	<p>(b) Qualifications of the Physician Supervisor Portable X-ray services are provided under the supervision of a licensed doctor of medicine or licensed doctor of osteopathy who is qualified by advanced training and experience in the use of X-rays for diagnostic purposes, i.e., he</p> <p>(1) is certified in radiology by the American Board of Radiology or by the American Osteopathic Board of Radiology or possesses qualifications which are equivalent to those required for such certification, or</p> <p>(2) is certified or meets the requirements for certification in a medical specialty in which he has become qualified by experience and training in the use of X-rays for diagnostic purposes, or</p> <p>(3) specializes in radiology and is recognized by the medical community as a specialist in radiology.</p> <table border="1" data-bbox="191 727 1003 898"> <tr> <td data-bbox="191 727 810 813">Name of Board</td> <td data-bbox="810 727 905 813">Date Certified</td> <td data-bbox="905 727 1003 813">Certification No.</td> </tr> <tr> <td data-bbox="191 813 810 898">Specialization</td> <td></td> <td></td> </tr> </table> <p>Other Qualifications (<i>specify</i>)</p>	Name of Board	Date Certified	Certification No.	Specialization						
Name of Board	Date Certified	Certification No.									
Specialization											
H20	<p>§486.104 QUALIFICATIONS, ORIENTATION, AND HEALTH OF TECHNICAL PERSONNEL (405.1413) Portable X-ray services are provided by qualified technologists.</p>										
H21	<p>(a) Qualifications of Technologists All operators of the portable X-ray equipment meet the requirements of paragraph (a)(1), (2), (3), or (4) of this section:</p> <p>(1) Successful completion of a program of formal training in x-ray technology in a school approved by the Joint Review Committee on Education in Radiologic Technology (JRCERT), or have earned a bachelor's or associate degree in radiologic technology from an accredited college or university</p>										

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	<p>(2) For those whose training was completed prior to July 1, 1966, but on or after July 1, 1960: Successful completion of 24 full months of training and/or experience under the direct supervision of a physician who is certified in radiology by the American Board of Radiology or who possesses qualifications which are equivalent to those required for such certification, and at least 12 full months of pertinent portable X-ray equipment operation experience in the 5 years prior to January 1, 1968.</p> <p>(3) For those whose training was completed prior to July 1, 1960: Successful completion of 24 full months of training and/or experience of which at least 12 full months were under the direct supervision of a physician who is certified in radiology by the American Board of Radiology or who possesses qualifications which are equivalent to those required for such certification, and at least 12 full months of pertinent portable X-ray equipment operation experience in the 5 years prior to January 1, 1968.</p> <p>(4) For those whose training was completed prior to January 1, 1993, successful completion of a program of formal training in X-ray technology in a school approved by the Council on Education of the American Medical Association, or by the American Osteopathic Association is acceptable.</p>				
H22	<p>No. of Technologists meeting: 1.____ 2.____ 3.____</p> <p>License required? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
H23	<p>(b) Personnel Orientation The supplier of portable X-ray services has an orientation program for personnel based on a procedural manual which is: Available to all members of the staff, incorporates relevant portions of professionally recognized documents, and includes instruction in all of the following:</p>				
H24	<p>(1) Precautions to be followed to protect the patient from unnecessary exposure to radiation;</p>				
H25	<p>(2) Precautions to be followed to protect an individual supporting the patient during X-ray procedures from unnecessary exposure to radiation;</p>				

NAME OF FACILITY

CODE	STANDARDS	MET	NOT MET	N/A	EXPLANATORY STATEMENT
H26	(3) Precautions to be followed to protect other individuals in the surrounding environment from exposure to radiation;				
H27	(4) Precautions to be followed to protect the operator of portable X-ray equipment from unnecessary exposure to radiation;				
H28	(5) Considerations in determining the area which will receive the primary beam;				
H29	(6) Determination of the time interval at which to check personnel radiation monitors;				
H30	(7) Use of the personnel radiation monitor in providing an additional check on safety of equipment;				
H31	(8) Proper use and maintenance of equipment;				
H32	(9) Proper maintenance of records;				
H33	(10) Technical problems which may arise and methods of solution;				
H34	(11) Protection against electrical hazards;				
H35	(12) Hazards of excessive exposure to radiation.				
H36	<p>(c) Employee Records Records are maintained and include evidence that—</p> <p>(1) Each employee is qualified for his or her position by means of training and experience; and</p> <p>(2) Employees receive adequate health supervision.</p>				

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CODE	STANDARDS	MET	NOT MET	N/A	EXPLANATORY STATEMENT
H37	<p>§486.106 REFERRAL FOR SERVICE AND PRESERVATION OF RECORDS All portable X-ray services performed for Medicare beneficiaries are ordered by a doctor of medicine or doctor of osteopathy and records are properly preserved.</p>				
H38	<p>(a) Referral by a Physician Portable X-ray examinations are performed only on the order of a doctor of medicine or doctor of osteopathy licensed to practice in the State. The supplier's records show that:</p> <p>(1) The X-ray test was ordered by a licensed doctor of medicine or doctor of osteopathy, and</p> <p>(2) Such physician's written, signed order specifies the reason an X-ray test is required, the area of the body to be exposed, the number of radiographs to be obtained, and the views needed; it also includes a statement concerning the condition of the patient which indicates why portable X-ray services are necessary.</p>				
H39	<p>(b) Records of Examinations Performed The supplier makes for each patient a record of the date of the X-ray examination, the name of the patient, a description of the procedures ordered and performed, the referring physician, the operator(s) of the portable X-ray equipment who performed the examination, the physician to whom the radiograph was sent, and the date it was sent.</p>				
H40	<p>(c) Preservation of Records Such reports are maintained for a period of at least 2 years, or for the period of time required by State law for such records (as distinguished from requirements as to the radiograph itself), whichever is longer.</p>				
	<p>Number of physicians' orders reviewed</p>				
H41	<p>Physicians' justification for portable X-rays recorded.</p> <p>1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p>				

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H42	<p>§486.108 SAFETY STANDARDS X-ray examinations are conducted through the use of equipment which is free of unnecessary hazards for patients, personnel, and other persons in the immediate environment, and through operating procedures which provide minimum radiation exposure to patients, personnel, and other persons in the immediate environment.</p>																										
H43	<p>(a) Tube Housing and Devices to Restrict the Useful Beam The tube housing is of diagnostic type. Diaphragms, cones, or adjustable collimators capable of restricting the useful beam to the area of clinical interest are used and provide the same degree of protection as is required of the housing.</p>																										
H44	<p>(b) Total Filtration (1) The aluminum equivalent of the total filtration in the primary beam is not less than that shown in the following table except when contraindicated for a particular diagnostic procedure:</p> <table border="1" data-bbox="344 802 898 966"> <thead> <tr> <th data-bbox="344 802 579 867">Operating kVp</th> <th data-bbox="579 802 898 867">Total filtration (Inherent plus added)</th> </tr> </thead> <tbody> <tr> <td data-bbox="344 867 579 899">Below 50 kVp</td> <td data-bbox="579 867 898 899">0.5 millimeters aluminum</td> </tr> <tr> <td data-bbox="344 899 579 932">50 – 70 kVp</td> <td data-bbox="579 899 898 932">1.5 millimeters aluminum</td> </tr> <tr> <td data-bbox="344 932 579 964">Above 70 kVp</td> <td data-bbox="579 932 898 964">2.5 millimeters aluminum</td> </tr> </tbody> </table> <p>(2) If the filter in the machine is not accessible for examination or the total filtration is unknown, it can be assumed that the requirements are met if the half-value layer is not less than that shown in the following table:</p> <table border="1" data-bbox="344 1117 898 1349"> <thead> <tr> <th data-bbox="344 1117 579 1170">Operating kVp</th> <th data-bbox="579 1117 898 1170">Half-value layer</th> </tr> </thead> <tbody> <tr> <td data-bbox="344 1170 579 1203">50kVp</td> <td data-bbox="579 1170 898 1203">0.6 millimeters aluminum</td> </tr> <tr> <td data-bbox="344 1203 579 1235">70kVp</td> <td data-bbox="579 1203 898 1235">1.6 millimeters aluminum</td> </tr> <tr> <td data-bbox="344 1235 579 1268">90kVp</td> <td data-bbox="579 1235 898 1268">2.6 millimeters aluminum</td> </tr> <tr> <td data-bbox="344 1268 579 1300">100kVp</td> <td data-bbox="579 1268 898 1300">2.8 millimeters aluminum</td> </tr> <tr> <td data-bbox="344 1300 579 1333">110 kVp</td> <td data-bbox="579 1300 898 1333">3.0 millimeters aluminum</td> </tr> <tr> <td data-bbox="344 1333 579 1349">120kVp</td> <td data-bbox="579 1333 898 1349">3.3 millimeters aluminum</td> </tr> </tbody> </table>	Operating kVp	Total filtration (Inherent plus added)	Below 50 kVp	0.5 millimeters aluminum	50 – 70 kVp	1.5 millimeters aluminum	Above 70 kVp	2.5 millimeters aluminum	Operating kVp	Half-value layer	50kVp	0.6 millimeters aluminum	70kVp	1.6 millimeters aluminum	90kVp	2.6 millimeters aluminum	100kVp	2.8 millimeters aluminum	110 kVp	3.0 millimeters aluminum	120kVp	3.3 millimeters aluminum				
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	List and indicate for each piece of equipment							
	NAME OR SERIAL NUMBER	kVp	TOTAL FILTRATION	HALF-VALUE LAYER				
H45	<p>(c) Termination of Exposure A device is provided to terminate the exposure after a preset time or exposure.</p>							
H46	<p>(d) Control Panel The control panel provides a device (usually a milliammeter or a means for an audible signal) to give positive indication of the production of X-rays whenever the X-ray tube is energized. The control panel includes appropriate indicators (labelled control settings and/or meters) which show the physical factors (such as kVp, mA, exposure time or whether timing is automatic) used for the exposure.</p>							
H47	<p>(e) Exposure Control Switch The exposure control switch is of the dead-man type and is so arranged that the operator can stand at least 6 feet from the patient and well away from the useful beam.</p>							
H48	<p>(f) Protection Against Electrical Hazards Only shockproof equipment is used. All electrical equipment is grounded.</p>							
H49	<p>(g) Mechanical Supporting or Restraining Devices Mechanical supporting or restraining devices are provided so that such devices can be used when a patient must be held in position for radiography.</p>							

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H50	<p>(h) Protective Gloves and Aprons Protective gloves and aprons are provided so that when the patient must be held by an individual, that individual is protected with these shielding devices.</p>				
H51	<p>(i) Restriction of the Useful Beam Diaphragms, cones, or adjustable collimators are used to restrict the useful beam to the area of clinical interest.</p>				
H52	<p>(j) Personnel Monitoring A device which can be worn to monitor radiation exposure (e.g., a film badge) is provided to each individual who operates portable X-ray equipment. The device is evaluated for radiation exposure to the operator at least monthly and appropriate records are maintained by the supplier of portable X-ray services of radiation exposure measured by such a device for each individual.</p>				
H53	<p>(k) Personnel and Public Protection No individual occupationally exposed to radiation is permitted to hold patients during exposures except during emergencies, nor is any other individual regularly used for this service. Care is taken to assure that pregnant women do not assist in portable X-ray examinations.</p>				
H54	<p>§486.110 INSPECTION OF EQUIPMENT Inspections of all X-ray equipment and shielding are made by qualified individuals at intervals not greater than every 24 months.</p>				
H55	<p>(a) Qualified Inspectors Inspections are made at least every 24 months by a radiation health specialist who is on the staff of or approved by an appropriate State or local government agency.</p>				
H56	<p>(b) Records of Inspection and Scope of Inspection The supplier maintains records of current inspections which include the extent to which equipment and shielding are in compliance with the safety standards outlined in 486.108.</p>				

NAME OF FACILITY

CODE	STANDARDS			MET	NOT MET	N/A	EXPLANATORY STATEMENT
H57	Date of Last Inspection	Inspecting Agency	Inspector's Statement Maintained <input type="checkbox"/> YES <input type="checkbox"/> NO				
	Inspector's Qualifications						

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0027. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.