

**Attachment 4**

Facility Certification Document – CDC/NIOSH (M) 2.11

Reset Form

Facility Certification Document  
Form Approved OMB No. 0920-0020

NIOSH  
Coal Workers' Health Surveillance Program  
1095 Willowdale Rd.  
Morgantown, WV 26505

Facility Name  Telephone Number

Street Address

City  State  Zip Code  County

Type of Facility (Mobile, Clinic, Private Office, Hospital, ...)  How many chest x-rays per year?

X-Ray Units (Use N/A for does not apply)	Unit #1	Unit #2
Generator Manufacturer	<input type="text"/>	<input type="text"/>
Model	<input type="text"/>	<input type="text"/>
Date Acquired	<input type="text"/>	<input type="text"/>
Max. kVp / Max mA	<input type="text"/> kVp / <input type="text"/> mA	<input type="text"/> kVp / <input type="text"/> mA
Source to Film/Detector Distance	<input type="text"/> <input type="checkbox"/> cm <input type="checkbox"/> in	<input type="text"/> <input type="checkbox"/> cm <input type="checkbox"/> in
Phase	<input type="checkbox"/> Single <input type="checkbox"/> Three	<input type="checkbox"/> Single <input type="checkbox"/> Three
Pulse? (If Three Phase)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Battery Powered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capacitor Discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type Anode	<input type="checkbox"/> Rotating <input type="checkbox"/> Stationary	<input type="checkbox"/> Rotating <input type="checkbox"/> Stationary
Grid Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grid Manufacturer	<input type="text"/>	<input type="text"/>
Type	<input type="checkbox"/> Stationary <input type="checkbox"/> Moving	<input type="checkbox"/> Stationary <input type="checkbox"/> Moving
Ratio / Lines per unit	<input type="text"/> / <input type="text"/> <input type="checkbox"/> cm <input type="checkbox"/> in	<input type="text"/> / <input type="text"/> <input type="checkbox"/> cm <input type="checkbox"/> in
Air Gap Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Digital System Type	<input type="checkbox"/> CR <input type="checkbox"/> DR	<input type="checkbox"/> CR <input type="checkbox"/> DR
Manufacturer	<input type="text"/>	<input type="text"/>
Model	<input type="text"/>	<input type="text"/>
System Serial #	<input type="text"/>	<input type="text"/>
Software Version	<input type="text"/>	<input type="text"/>
Installation Date	<input type="text"/>	<input type="text"/>
Detector Size (cmXcm)	<input type="text"/>	<input type="text"/>
Image matrix (megapixels)	<input type="text"/>	<input type="text"/>
PACS Manufacturer	<input type="text"/>	<input type="text"/>
Last Radiation Inspection By / Date	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Deficiencies and Date Corrected	<input type="text"/>	<input type="text"/>

Name(s) of X-ray Technologist(s)	Qualifications
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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 physician in charge  Signature  Date

Public reporting burden of this collection of information is estimated 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.