

Attachment 6 –
Radiographic Facility Certification Document – Form No. CDC/NIOSH (M) 2.11

RADIOGRAPHIC FACILITY CERTIFICATION
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR DISEASE CONTROL AND PREVENTION
 NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Form Approved
 OMB No. 0920-0020
 NIOSH
 Coal Workers' Health Surveillance Program
 1095 Willowdale Road, M/S LB208
 Morgantown, WV 26505
 Fax: 304-285-6058

Reset Form

Facility Name Telephone Number
 Street Address Email
 City State Zip Code County
 Type of Facility (Mobile, Clinic, Private Office, Hospital, ...) How many chest x-rays per year?

Radiograph Units (Use N/A for does not apply)	Unit #1	Unit #2
NIOSH Facility Number - Unit Number	<input type="text"/>	<input type="text"/>
Room Number	<input type="text"/>	<input type="text"/>
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	kVp / <input type="text"/> mA	kVp / <input type="text"/> mA
Source of Film/Detector Distance	<input type="text"/> cm <input type="checkbox"/> in	<input type="text"/> cm <input type="checkbox"/> in
Phase	<input type="checkbox"/> Single <input type="checkbox"/> Three	<input type="checkbox"/> Single <input type="checkbox"/> Three
Pulse?	<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"/> cm <input type="checkbox"/> in	<input type="text"/> / <input type="text"/> 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 Serials #	<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) and Qualifications of Radiograph Technologist(s)

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 treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

Name of physician in charge Email Address Signature Date

Public reporting burden of this collection of 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-74, Atlanta, GA, 30333 ATTN:PRA (0920-0020). Do not send the completed form to this address.

CDC 2.11 (E), Revised January 2015, CDC Adobe Acrobat 10.1, 9508 Electronic Version, August 2015

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