

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			
Room Number			
Generator Manufacturer			
Model			
Date Acquired			
Max kVp / Max mA		kVp / mA	kVp / mA
Source of Film/Detector Distance		<input type="checkbox"/> cm <input type="checkbox"/> in	<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?	<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			
Type	<input type="checkbox"/> Stationary <input type="checkbox"/> Moving	<input type="checkbox"/> Stationary <input type="checkbox"/> Moving	
Ratio / Lines per unit		/ <input type="checkbox"/> cm <input type="checkbox"/> in	/ <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			
Model			
System Serials #			
Software Version			
Installation Date			
Detector Size (cmXcm)			
Image matrix (megapixels)			
PACS Manufacturer			
Last Radiation Inspection By / Date		/	/
Deficiencies and Date Corrected			

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

[Email Form](#)

[Print Form](#)

[Save Form](#)