

Original – Professional Licensing
 Yellow – Dental Office
 Pink – Inspector

INSPECTION OF DENTAL RADIOLOGICAL EQUIPMENT

Name of Owner(s) or Lessee(s) of Equipment: _____

Physical Location of Equipment: _____
Street Address City State Zip Code

Mailing Address of Owner(s) or Lessee(s) of Equipment (if different than physical location):

Street Address City State Zip Code

Name(s) and License Number(s) of Dentist(s) where equipment is located:

Telephone No.: _____ Email: _____

MACHINE #1 State of Alaska Registration Number: _____
Control Panel : Passed Inspection: Yes No
 Manufacturer: _____ Model: _____ Serial Number: _____
Tubehead #1 Passed Inspection: Yes No
Tubehead #2 Passed Inspection: Yes No
Tubehead #3 Passed Inspection: Yes No
 Approved: Not Approved: Inspection Seal Issued: Yes No

MACHINE #2 State of Alaska Registration Number: _____
Control Panel : Passed Inspection: Yes No
 Manufacturer: _____ Model: _____ Serial Number: _____
Tubehead #1 Passed Inspection: Yes No
Tubehead #2 Passed Inspection: Yes No
Tubehead #3 Passed Inspection: Yes No
 Approved: Not Approved: Inspection Seal Issued: Yes No

MACHINE #3 State of Alaska Registration Number: _____
Control Panel : Passed Inspection: Yes No
 Manufacturer: _____ Model: _____ Serial Number: _____
Tubehead #1 Passed Inspection: Yes No
Tubehead #2 Passed Inspection: Yes No
Tubehead #3 Passed Inspection: Yes No
 Approved: Not Approved: Inspection Seal Issued: Yes No

Inspection Date: _____ Next Inspection Due: _____

If unit did not pass inspection, please explain below:

Report Received by Dental Office Representative:

_____ Print _____ Signature

CERTIFICATION OF INSPECTION

By my signature below, I certify that I inspected all radiological components listed above and the equipment indicated as approved meet or exceed the standards applicable to dental radiological equipment in the "Suggested State Regulations for the Control of Radiation," Part F, published by the Conference of Radiation Control Program Directors, Inc., December 2001 edition.

Inspector Name: _____ Inspector Board Number: _____

Signature: _____