STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF DENTAL EXAMINERS
P.O. BOX 110806, JUNEAU, AK 99811-0806
Phone: (907) 465-2542
Email: license@alaska.gov

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: _____