

Annual X-Ray Inspection Report 2016 Radiological Health

108 Cherry Street, PO Box 70, Burlington, VT 05402-0070

Table of Contents

Executive Summary	2
Inspection Items	
Summary of All Inspections	g
Dental Inspections	12
Medical Inspections	16
Chiropractic Inspections	19
Podiatric Inspections	22
Veterinary Inspections	24

Executive Summary

The Vermont Department of Health performs inspections of facilities around the state that own x-ray equipment. These inspections are performed at different intervals depending on the type of facility. The National Council on Radiation Protection and Measurements (NCRP) recommends that medical facilities, including chiropractic facilities, be inspected every two years. Dental and veterinary facilities are recommended to be inspected every four years. Because podiatric x-ray machines are similar to dental units, podiatric facilities are also inspected every four years.

A total of 78 x-ray facilities were inspected in 2016. Out of the 78 facilities, 61 (78%) were in full compliance at the time of the inspection. Twelve (71%) of those facilities that were not in compliance came into compliance after the inspection. Overall, 73 out of the 78 facilities (94%) were in compliance after the inspection. Noncompliance items can be related either to the facility (such as film processing and patient shielding) or to radiographic issues (such as patient or public exposure and the condition of the x-ray unit).

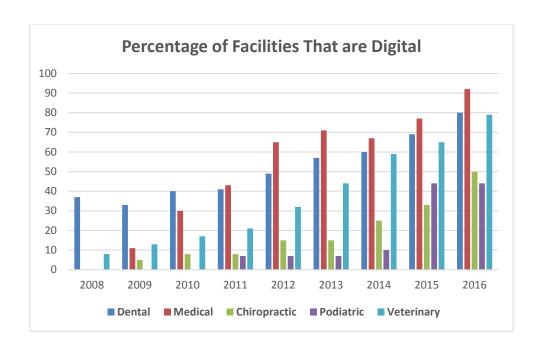
The main area of concern is the lack of satisfactory lead aprons. While lead aprons were available in all of the facilities inspected, some were cracked or torn, while others were stored improperly. The facilities are encouraged to obtain new lead aprons and to check them for holes or tears annually. Other non-compliance items are listed on pages 5 to 8.

Annual dose rates to all x-ray equipment operators at the facilities inspected were less than the maximum allowed limit of 5000 millirem and in fact were less than 1% of this limit at all inspected facilities. Annual dose rates to the public were less than the maximum allowed limit of 100 millirem.

Radiation doses to patients were less than the Vermont maximum doses for all facilities. Please refer to the charts for each type of facility ("Dose to Patients per Exposure"). Vermont recommended doses and NCRP Diagnostic Reference Levels (DRL's) are shown for comparison and as goals for all facilities.

The dose to the patient and the dose to the operator is less for x-ray facilities that use faster speed film. This can be observed most clearly for dental facilities. As the speed of the film increases from "D" to "F," the average dose per exposure decreases from 0.37 to 0.24 millirem. The use of digital x-ray instead of film decreases the average dose per exposure from 0.24 millirem for "F" speed film to 0.17 millirem for direct digital x-rays.

It is expected that as more digital x-ray systems are used we will see decreases in the total facility noncompliances as darkrooms, safelights, film, and processing are no longer needed. Approximately 80% of dental, 79% of veterinary, 92% of medical, 44% of podiatric, and 50% of chiropractic facilities are using digital x-ray. Seventy-nine percent of all facilities are now using digital x-ray.



To be conservative, exposures to the operator and to the public are measured at the configuration of highest exposure. Operator exposures are measured at the position the operator stands when making the exposure, as indicated by the facility. Exposure to the public is measured by aiming the x-ray tube out of the exam room door from approximately the patient position for an x-ray exam and measuring the exposure at the doorway.

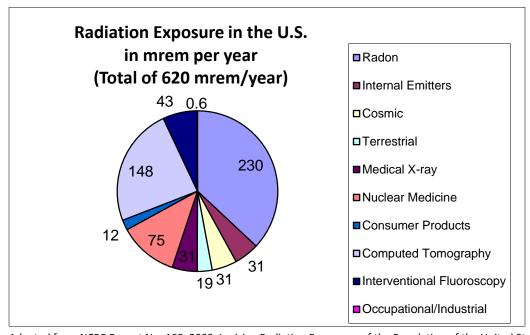
Operator and public exposures are measured in milliroentgen per hour using a Victoreen 471 ion chamber. The exposure per hour is converted to annual dose in millirem using the number of x-rays the facility takes within a given time period. One milliroentgen is equal to 0.5 millirem (American National Standard Institute 6.1.1-1991) for whole body exposure from scattered radiation for operators and the public.

Patient entrance skin exposures (ESE's) are measured in milliroentgen using an Unfors Xi detector, then converted from milliroentgen to millirem using the factors in the following table based on the organ of greatest risk. Multiplication of the factor by the number of milliroentgen per exam results in the dose in millirem.

Exam Type	Factor	Organ
Dental	0.0015	brain
PA (posteroanterior) Chest	0.1044	lung
AP (anteroposterior) Cervical Spine	0.0435	thyroid
AP Thoracic Spine	0.1044	lung
AP Lumbar Spine	0.1044	stomach/colon
AP Abdomen	0.1044	stomach/colon
AP Retrograde	0.1044	stomach/colon
Lateral Skull	0.0218	brain
Hand	0.0087	skin
Wrist	0.0087	skin
Arm	0.1044	bone marrow
Shoulder	0.1044	bone marrow
Leg	0.1044	bone marrow
Knee	0.1044	bone marrow
Ankle	0.0087	skin
DP (dorsal-plantar) Foot	0.0087	skin
Lateral Foot	0.0087	skin

Adapted from National Council on Radiation Protection and Measurements Report No. 116 tissue weighting factors and conversion factor from roentgen to rad of 0.87 rad/roentgen.

The average radiation dose to a member of the U.S. population from both natural and man-made sources is 620 millirem per year, according to the National Council on Radiation Protection and Measurements (NCRP). On average, about 300 millirem is from medical uses of radiation.



 $Adapted \ from \ NCRP \ Report \ No. \ 160, \ 2009, \ Ionizing \ Radiation \ Exposures \ of the \ Population \ of the \ United \ States.$

Inspection Items

The following boxed sections indicate the individual items that are specifically checked during an inspection, divided into twelve general groups: the facility items of film/screen, processing, darkroom/safelight, personnel monitoring, and patient shielding; and the radiographic items of collimation, timer, kVp and filtration, patient entrance skin exposure criteria, public exposure criteria, operator conditions, and physical condition (of x-ray unit, shielding, etc.).

Some inspection items may pertain only to specific types of facilities. For example, repeat rate analyses and documentation of last menstrual period (LMP) pertain only to chiropractic facilities, while panoramic units are found only in dental facilities. Other inspection items apply to all facilities, such as the registration of x-ray units.

New facilities are not cited for non-compliant items, but are allowed a period of approximately one month to correct any non-compliant items found in the initial inspection.

Film/Screen	Dental film is less than E speed
·	X-ray film speed is less than 400
	Film is not protected from scatter radiation
	Film is not stored properly
	Film is exposed to chemicals
	Out of date film is used
	Film and screen types not matched
	No screen installation date is on outside of cassette
	Screen and cassettes are not of the same type or age
	Screen cleaning interval is inadequate
	Screen cleaning solution and lint-free wipes are not used per
	manufacturer instructions
	Cassette check is inadequate
	Cassettes are not permanently identified for their type of use
	Film viewbox is not available
	Film viewbox is not cleaned periodically
	Viewbox bulbs are not of the same intensity and color
	Luminance of viewboxes is not similar
	Viewbox bulbs are not replaced annually
	Technique factors are not recorded in the patient log book
	Left/right markers are not used on clinical radiographs
	Clinical radiographs are not properly identified

Thermometer is not available for manual processing Timer is not available for manual processing Floating cover is not present for manual processing Sight development is used No evidence of daily log is kept Developing technique recommended by the manufacturer is not used Developer and fixer temperature are not maintained in limits Processor cleaning interval is inadequate Processor cleaning interval is inadequate Processor cleaning interval is inadequate Processor cleaning properly Processor cleaning properly Processor cleaning properly Processor cleaning properly Processor cleaning by the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Daylight processor is not properly used Employee dosimeters are not properly used Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory da aprons are unavailable Lead aprons are improperly stored Lead aprons are improperly stored Hooling equipment exposure switch cord is less than 6 feet long Mobile equipment exposure switch cord is less than 6 feet long Money Responsive sevents and not or of is less than 6 feet long Non-essential individuals are in the x-avar room during exposure		
Timer is not available for manual processing Floating cover is not present for manual processing Sight development is used No evidence of daily log is kept Developing technique recommended by the manufacturer is not used Developer and fixer temperature are not maintained in limits Processor cleaning interval is inadequate Processor is not operating properly Processor cleaning date is not recorded Clean-up film for processing x-ray films (except intra-oral) is not run Darkroom/Safelight Safelight bulb is greater than 15 watts Safelight is too close to the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor arm cuffs are not acceptable Daylight processor arm cuffs are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used properly used or stored Employee dosimeters are not properly used or stored Evidence of personnel holding film during exposure Per	Processing	Thermometer is not available for manual processing
Sight development is used No evidence of daily log is kept Developing technique recommended by the manufacturer is not used Developer and fixer temperature are not maintained in limits Processor cleaning interval is inadequate Processor cleaning interval is inadequate Processor leaning interval is inadequate Processor cleaning date is not recorded Clean-up film for processing x-ray films (except intra-oral) is not run Darkroom/Safelight Safelight bulb is greater than 15 watts Safelight is too close to the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Satisfactory thyroid shields are unavailable Satisfactory thyroid shields are unavailable Lead aprons are	•	Timer is not available for manual processing
No evidence of daily log is kept Developing technique recommended by the manufacturer is not used Developer and fixer temperature are not maintained in limits Processor cleaning interval is inadequate Processor cleaning interval is inadequate Processor cleaning date is not recorded Clean-up film for processing x-ray films (except intra-oral) is not run Darkroom/Safelight Safelight bulb is greater than 15 watts Safelight is too close to the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory lead aprons are unavailable Satisfactory shryroid shields are unavailable Lead aprons are improperly stored Lead		Floating cover is not present for manual processing
Developing technique recommended by the manufacturer is not used Developer and fixer temperature are not maintained in limits Processor cleaning interval is inadequate Processor cleaning fate is not recorded Clean-up film for processing x-ray films (except intra-oral) is not run Darkroom/Safelight Safelight bulb is greater than 15 watts Safelight is too close to the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight housing Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used or stored Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Lead aprons are improperly stored Lead aprons are imprope		Sight development is used
Developer and fixer temperature are not maintained in limits Processor cleaning interval is inadequate Processor is not operating properly Processor (cleaning date is not recorded Clean-up film for processing x-ray films (except intra-oral) is not run Darkroom/Safelight Safelight bulb is greater than 15 watts Safelight is too close to the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Lead aprons are improperly stored Lead aprons are improperl		No evidence of daily log is kept
Processor cleaning interval is inadequate Processor is not operating properly Processor cleaning date is not recorded Clean-up film for processing x-ray films (except intra-oral) is not run Darkroom/Safelight Safelight bulb is greater than 15 watts Safelight is too close to the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used or stored Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored		Developing technique recommended by the manufacturer is not used
Processor is not operating properly Processor cleaning date is not recorded Clean-up film for processing x-ray films (except intra-oral) is not run Darkroom/Safelight Safelight bulb is greater than 15 watts Safelight bulb is greater than 15 watts Safelight lous is greater than 15 watts Safelight lous olose to the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom temperature and/or humidity are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Developer and fixer temperature are not maintained in limits
Processor cleaning date is not recorded Clean-up film for processing x-ray films (except intra-oral) is not run Darkroom/Safelight Safelight bulb is greater than 15 watts Safelight is too close to the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not light tight Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Lead aprons are improperly stored Lead aprons are incomposed the case and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Processor cleaning interval is inadequate
Darkroom/Safelight Safelight bulb is greater than 15 watts Safelight is too close to the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Lead aprons are improperly stored Lead aprons are improperly stored Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Processor is not operating properly
Darkroom/Safelight Safelight bulb is greater than 15 watts Safelight is too close to the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly used No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory thyroid shields are unavailable Satisfactory thyroid shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Processor cleaning date is not recorded
Safelight is too close to the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not light tight Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Lead aprons are improperly stored Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Clean-up film for processing x-ray films (except intra-oral) is not run
Safelight is too close to the work area Light leaks are detected in the safelight housing Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory daylous are unavailable Lead aprons are improperly stored Lead aprons are improperly stored Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long	Darkroom/Safelight	Safelight bulb is greater than 15 watts
Light leaks are detected in the safelight lens Safelight is improperly filtered Darkroom is not light tight Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Lead aprons are improperly stored Lead aprons are improperly stored Lead aprons are intense unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long	, 0	Safelight is too close to the work area
Safelight is improperly filtered Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Lead aprons are improperly stored Lead aprons are inproperly stored Lead aprons are inproperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Light leaks are detected in the safelight housing
Darkroom is not light tight Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Light leaks are detected in the safelight lens
Darkroom is not free of dust and dirt Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory dyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are intense improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Safelight is improperly filtered
Daylight processor arm cuffs are not acceptable Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Darkroom is not light tight
Daylight processor is not light tight Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Darkroom is not free of dust and dirt
Darkroom temperature and/or humidity are not acceptable Other light sources are present in the dark room Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Daylight processor arm cuffs are not acceptable
Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Daylight processor is not light tight
Personnel Monitoring Personnel monitoring devices are required but not available Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Darkroom temperature and/or humidity are not acceptable
Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Other light sources are present in the dark room
Control dosimeters are not properly used or stored Employee dosimeters are not properly used Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long	Personnel Monitoring	
Employee dosimeters are not properly stored No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long	· ·	Control dosimeters are not properly used or stored
No evidence of employee review of records Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Employee dosimeters are not properly used
Personnel monitoring records are incomplete No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Employee dosimeters are not properly stored
No radiation safety officer is designated for large practices Evidence of personnel holding film during exposure Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		No evidence of employee review of records
Evidence of personnel holding film during exposure Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Personnel monitoring records are incomplete
Personnel/Patient Shielding Satisfactory lead aprons are unavailable Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		No radiation safety officer is designated for large practices
Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Evidence of personnel holding film during exposure
Satisfactory thyroid shields are unavailable Satisfactory gonadal shields are unavailable Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long	Personnel/Patient Shielding	Satisfactory lead aprons are unavailable
Lead aprons are improperly stored Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long	,	Satisfactory thyroid shields are unavailable
Lead aprons are not checked for tears and holes (radiographically or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Satisfactory gonadal shields are unavailable
or visually) on at least an annual basis Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Lead aprons are improperly stored
Individuals holding patients are not protected Mobile equipment exposure switch cord is less than 6 feet long		Lead aprons are not checked for tears and holes (radiographically
Mobile equipment exposure switch cord is less than 6 feet long		or visually) on at least an annual basis
		Individuals holding patients are not protected
Non-essential individuals are in the x-ray room during exposure		Mobile equipment exposure switch cord is less than 6 feet long
cooding managed in the King room during exposure		Non-essential individuals are in the x-ray room during exposure

Collimation	V ray haam is not restricted to	the appropriate	2202			
Commation	X-ray beam is not restricted to the appropriate area X-ray beam is not restricted to the appropriate size					
	Collimator light is not aligned with the x-ray field					
	Collimation is not used in takir		eiu			
	Collimator light is not bright er		rmal room lighting	7		
	Collimator light problems (e.g.	-				
	Inadequate collimation is used)		
Timer	Timer does not terminate expos		ilograpiis			
illiei	Timer activates at zero	uie				
	Timer activates at zero Timer is inaccurate Timer repeatability is unacceptable					
	No deadman switch is availabl					
kVp and Filtration	kVp is greater than 10% of set v					
KV p and i litration	kVp repeatability is unacceptab					
	Dental intra-oral x-ray is opera		n 50 kVn or greate	r than		
	100 kVp	itilig at less tila	ii 30 kvp oi greate	i tilali		
	Filtration in beam is less than i	required				
	Technique charts are not availa		tο			
Patient Entrance Skin Exposure	ESEC in milliroentgen for non-s			Inot		
Criteria (ESEC)	be exceeded when technical fa		•			
0.1te.1a (2020)	be exceeded when teemined its		. age dadit are att			
		ESEC mR	ESEC mR	Body part		
	Examination	maximum	recommended	thickness (cm)		
	PA Chest	30	15	23		
	AP Cervical Spine	250	175	13		
	AP Thoracic Spine	900	600	23		
	AP Lumbar Spine	1000	675	23		
	AP Abdomen	750	500	23		
	AP Retrograde Pyelogram	900	600	23		
	Lateral Skull	300	200	15		
	Dental (bitewing/periapical)	700	350	not applicable		
		OR				
		Dose mrem	Dose mrem	Body part		
	Examination	maximum	recommended	thickness (cm)		
	PA Chest	3.13	1.57	23		
	AP Cervical Spine	10.88	7.61	13		
	AP Thoracic Spine	93.96	62.64	23		
	AP Lumbar Spine	104.4	70.47	23		
	AP Abdomen	78.3	52.2	23		
	AP Retrograde Pyelogram	93.96	62.64	23		
	Lateral Skull	6.54	4.36	15		
	Dental (bitewing/periapical) 1.05 0.53 not applicable					
	Technique factors are not adjusted for minimum patient exposure					
	ESE for all x-ray units in facility					
	Typical exposure value for the			Ci		
	Exposure reproducibility is greater	•	. posteu			
Public Exposure	Public exposure limit of 100 mi		exceeded			
. abiid Exposure	Public is not protected from sca		CACCUCU			
	Fublic 15 flot protected from scatter radiation					

Operator Conditions	Operator exposure limit of 5000 millirem per year exceeded
	Operator cannot observe patient during exposure
	Operator cannot monitor kVp, mA, time, mAs during exposure
	Operator is not protected during exposure
	Satisfactory lead gloves are not available
	Mobile or stationary exposure switch cord is less than 6 feet long
	Exposure switch not located to prevent x-ray activation when operator is
	outside of the control booth
	Untrained personnel are operating the x-ray machines
	Individuals less than 18 years old are holding animals and/or film-cassette assembly
	Veterinary operator holds x-ray tube during exposure
	Dental operator holds film in patient's mouth
Physical Condition (x-ray unit,	Console does not indicate tubes for multiple setup
shielding, etc.)	Panoramic or 3D unit does not reset before restarting
3 , 555 7	Motion of panoramic or 3D unit is not smooth or is impeded
	X-ray tube head locks into position for panoramic, cephalometric and/or
	3D unit
	Table locks, tube crane locks, bucky-cassette locks are not functioning
	Filters for soft tissue imaging for cephalometric imaging are not available
	Focal spot is not indicated on the x-ray tube
	Source to image distance is less than 7 7/8 inches for intra-oral x-ray tubes
	Source to image distance is less than 40 inches for medical and stationary
	veterinary x-ray machines
	Unit is inaccurate/not calibrated in terms of examination distance (source to image and source to skin distances)
	Tube head is unstable (drifts or bounces)
	Overhead crane does not move easily
	Exposure switch is not labeled
	Unit does not have visual indication of kVp, mA, time or mAs Unit does not have audible/visual indication of exposure
	•
	Angulation indicator on x-ray unit is not functioning
	Structural shielding is inadequate
	Door interlock system is not functioning
	Condition of high voltage and other cables is inadequate
	X-ray head leaks oil
	Wires are exposed on tube head
	X-ray exposure button is missing or broken
	Wires are exposed on exposure switch
	Preventive maintenance records for x-ray machines and processor are not kept
	No FDA or manufacturer label on the x-ray machine
	Mechanical restraints/anesthesia not used for animals
	X-ray warning signs not used for portable veterinary use
	, 00

No documentation of LMP (last menstrual period) (Chiropractic)

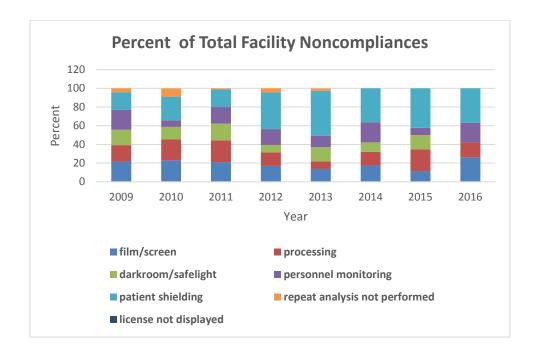
Repeat rate analysis is not performed (Chiropractic)

Summary of All Inspections

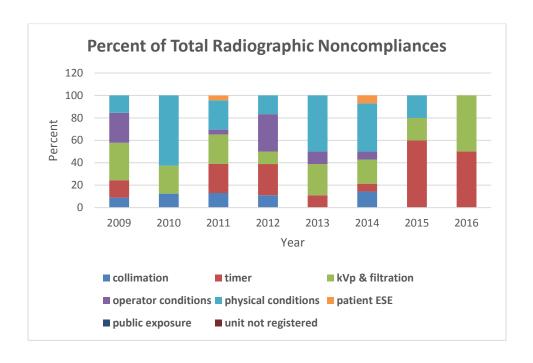
Total Number of Inspections Performed 78 **Total Number of Facilities Not in Compliance** 17

Total Noncompliances	27
Average noncompliances per noncompliant facility	1.59
Range of number of noncompliances per facility	0 - 4

Facility Noncompliances		Percentage of Total Facility Noncompliances
1 Film/Screen	5	26.3
2 Processing	3	15.8
3 Darkroom/Safelight	0	0.0
4 Personnel Monitoring	4	21.1
5 Patient Shielding	7	36.8
6 License Not Displayed	0	0.0
7 Repeat Analysis Not Performed	0	0.0
Total Facility Noncompliances	19	100.0



Radiographic Noncompliances		Percentage of Total Radiographic Noncompliances
1 Collimation	0	0.0
2 Timer	4	50.0
3 kVp & Filtration	4	50.0
4 Patient entrance skin exposure	0	0.0
5 Public exposure	0	0.0
6 Operator conditions	0	0.0
7 Physical condition (x-ray unit, shielding)	0	0.0
8 Unit not registered	0	0.0
Total Radiographic Noncompliances	8	100.0



Annual Dose to Occupational Worker				
Type of Facility	Average millirem per year	Range millirem per year	Maximum Allowable millirem per year	
Dental	1.2	0.00002 - 35	5000	
Medical	0.45	0.02 - 1.0	5000	
Chiropractic	0.04	0.0002 - 0.15	5000	
Podiatric	0.13	0.11 - 0.15	5000	
Veterinary	13	0.35 - 52	5000	

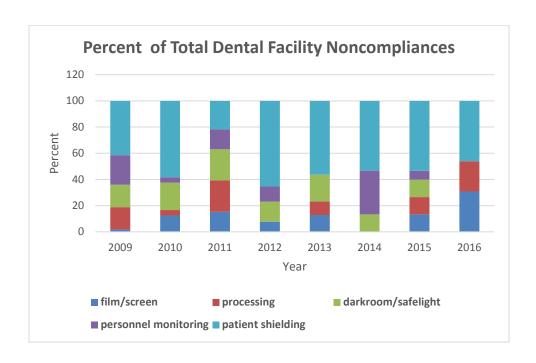
Annual Dose to Public					
Type of Facility	Average millirem per year	Range millirem per year	Maximum Allowable millirem per year		
Dental	3.5	0.013 - 28	100		
Medical	0.75	0.00003 - 2.0	100		
Chiropractic	0.63	0.0007 - 2.66	100		
Podiatric	0.15	0.10 - 0.19	100		
Veterinary	3.0	0.002 - 33	100		

Dental Inspections

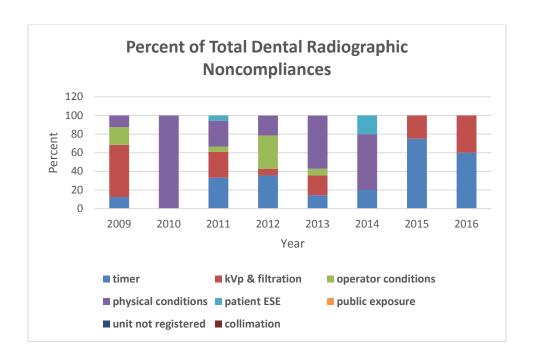
Total Number of Inspections Performed54Total Number of Facilities Not in Compliance12

Total Noncompliances	18
Average noncompliances per noncompliant facility	1.58
Range of number of noncompliances per facility	0 - 2

Facility Noncompliances		Percentage of Total Facility Noncompliances
Film/Screen	4	30.8
Processing	3	23.1
Darkroom/Safelight	0	0.0
Personnel Monitoring	0	0.0
Patient Shielding	6	46.1
Total Facility Noncompliances	13	100.0



Radiographic Noncompliances		Percentage of Total Radiographic Noncompliances
Collimation	0	0.0
Timer	3	60.0
kVp & Filtration	2	40.0
Patient entrance skin exposure	0	0.0
Public exposure	0	0.0
Operator conditions	0	0.0
Physical condition (x-ray unit, shielding)	0	0.0
Unit not registered	0	0.0
Total Radiographic Noncompliances	5	100.0



Dose to Patients per Exposure

Exam Type	Average millirem per exposure	Range millirem per exposure	Vermont state maximum dose millirem ¹	Vermont state recommended dose millirem ²	NCRP DRL millirem ³
Intra-oral D speed film	0.37	0.06 - 0.53	1.05	0.53	0.28
Intra-oral E speed film	NA ⁴	NA	1.05	0.53	0.28
Intra-oral F speed film	0.24	0.10 - 0.48	1.05	0.53	0.28
Intra-oral Portable digital	0.10	0.09 - 0.11	1.05	0.53	0.28
Intra-oral CR digital	0.21	0.06 - 0.43	1.05	0.53	0.28
Intra-oral DR digital	0.17	0.02 - 0.55	1.05	0.53	0.28
Panoramic film	0.78	0.3 - 1.16			
Panoramic digital	0.70	0.22 - 1.5			
Cephalometric	NA	NA			0.024
Cephalometric digital	0.07	0.05 - 0.09			0.024
Cephalometric scanner	0.26	0.18 - 0.41			0.024
3 Dimensional	0.25	NA			

 $^{^{1}}$ Calculated from the Radiological Health Rule Part 5. Chapter 3. regulations maximum entrance skin exposure criteria of 700 milliroentgens per radiograph, so (700 x 0.0015) for the brain as the organ of greatest risk.

Annual Dose to Occupational Worker

Exam Type	Average millirem per year	Range millirem per year	Maximum Allowable millirem per year
Intra-oral D speed film	1.2	0.92 - 1.4	5000
Intra-oral E speed film	NA	NA	5000
Intra-oral F speed film	0.15	0.0005 - 0.64	5000
Intra-oral Portable digital	3.8	3.3 - 4.3	5000
Intra-oral CR digital	0.92	0.001 - 7.0	5000
Intra-oral DR digital	1.3	0.00002 - 35	5000
Panoramic film	0.18	0.003 - 0.76	5000
Panoramic digital	1.0	0.004 - 6.3	5000
Cephalometric	NA	NA	5000
Cephalometric digital	0.13	0.03 - 0.31	5000
Cephalometric scanner	2.7	0.19 - 5.5	5000
3 Dimensional	0.08	NA	5000

 $^{^{2}}$ Calculated from the Radiological Health Rule Part 5. Chapter 3. regulations recommended entrance skin exposure criteria of 350 milliroentgens per radiograph, so (350 x 0.0015) for the brain as the organ of greatest risk.

³DRL = Diagnostic Reference Level (derived from NEXT data) adjusted to millirem, NCRP Report 145, 2003

⁴NA = Not applicable

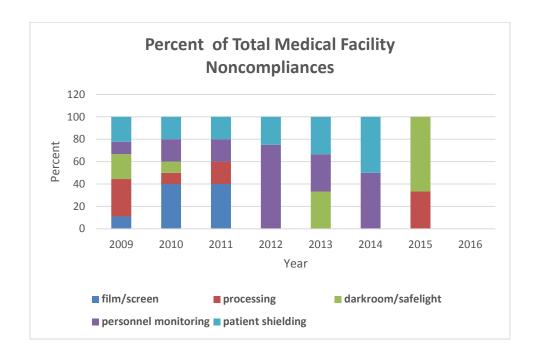
Exam Type	Average millirem per year	Range millirem per year	Maximum Allowable millirem per year
Intra-oral D speed film	4.5	3.2 - 5.8	100
Intra-oral E speed film	NA	NA NA	100
Intra-oral F speed film	2.0	0.04 - 11	100
Intra-oral Portable digital	0.83	0.55 - 1.1	100
Intra-oral CR digital	4.3	0.02 - 21	100
Intra-oral DR digital	3.9	0.01 - 28	100
Panoramic film	0.12	0.01 - 0.34	100
Panoramic digital	2.3	0.08 - 12	100
Cephalometric	NA	NA	100
Cephalometric digital	0.47	0.02 - 1.3	100
Cephalometric scanner	4.6	0.24 - 12	100
3 Dimensional	1.8	NA	100

Medical Inspections

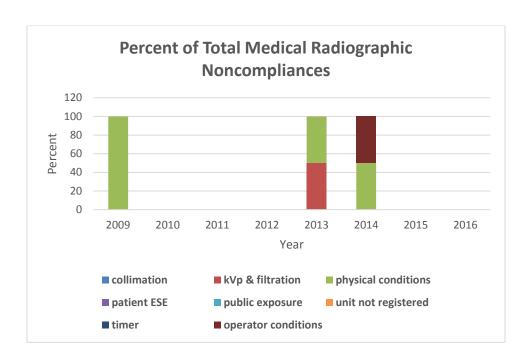
Total Number of Inspections Performed 3 **Total Number of Facilities Not in Compliance** 0

Total Noncompliances	0
Average noncompliances per noncompliant facility	0
Range of number of noncompliances per facility	0

Facility Noncompliances		Percentage of Total Facility Noncompliances
Film/Screen	0	0.0
Processing	0	0.0
Darkroom/Safelight	0	0.0
Personnel Monitoring	0	0.0
Patient Shielding	0	0.0
Total Facility Noncompliances	0	100.0



Radiographic Noncompliances		Percentage of Total Radiographic Noncompliances
Collimation	0	0.0
Timer	0	0.0
kVp & Filtration	0	0.0
Patient entrance skin exposure	0	0.0
Public exposure	0	0.0
Operator conditions	0	0.0
Physical condition (x-ray unit, shielding)	0	0.0
Unit not registered	0	0.0
Total Radiographic Noncompliances	0	100.0



Dose to Patients per Exposure

	Average millirem	Range millirem	Vermont state maximum dose	Vermont state recommended	NCRP DRL
Type of Exam	per exposure	per exposure	millirem ¹	dose millirem ²	millirem ³
PA Chest	1.8	1.2 - 2.3	3.13	1.57	1.8
AP Cervical Spine	NA ⁴	NA	10.88	7.61	
AP Thoracic Spine	19	NA	93.96	62.64	
AP Lumbar Spine	19	0.75 - 37	104.4	70.47	50
AP Abdomen	NA	NA	78.3	52.2	41
AP Retrograde	NA	NA	93.96	62.64	
Lateral Skull	NA	NA	6.54	4.36	
Hand	NA	NA			
Wrist	0.06	NA			
Arm	NA	NA			
Shoulder	3.2	1.4 - 5.0			
Leg	NA	NA			
Knee	2.4	1.9 - 3.5			
Ankle	0.12	0.07 - 0.17			
DP Foot	NA	NA			
Lateral Foot	NA	NA			
Fluoroscopy					
Arm	NA	NA			
Knee	NA	NA			
Ankle	NA	NA			
AP Cervical	NA	NA			
AP Lumbar	NA	NA			
Fluoroscopy Spot Film	NA	NA		<u></u> _	
Sinus	NA	NA			

¹Calculated from the Radiological Health Rule Part 5. Chapter 3. regulations maximum entrance skin exposure criteria per radiograph

Example: For a PA chest exam the lung is the organ of greatest risk so the maximum dose would be (30 x 0.1044) millirem.

Example: For a PA chest exam the lung is the organ of greatest risk so the recommended dose would be (15 x 0.1044) millirem.

Annual Dose to Occupational Worker

Average millirem	Range millirem	Maximum Allowable
per year	per year	millirem per year
0.45	0.02 - 1.0	5000

Average	Range	Maximum
millirem	millirem	Allowable
per year	per year	millirem per year
0.75	0.00003 - 2.0	100

 $^{^2}$ Calculated from the Radiological Health Rule Part 5. Chapter 3. regulations recommended entrance skin exposure criteria per radiograph

³DRL = Diagnostic Reference Level (derived from NEXT data) adjusted to millirem, NCRP Report 172, 2012

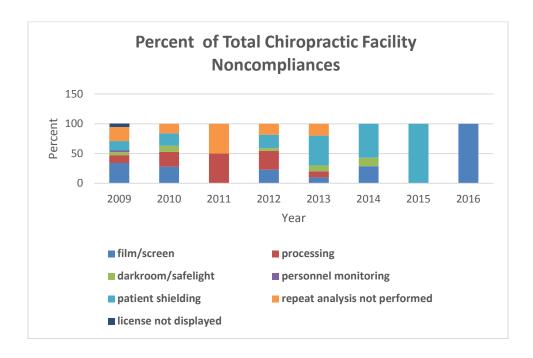
⁴NA = not applicable

Chiropractic Inspections

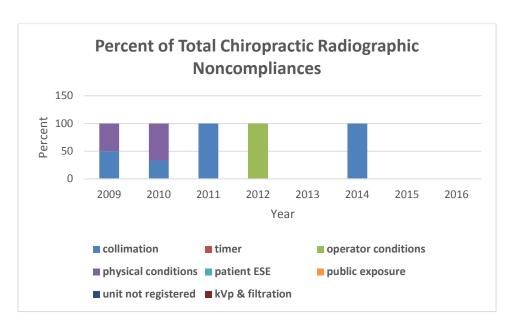
Total Number of Inspections Performed 5 **Total Number of Facilities Not in Compliance** 1

Total Noncompliances	1
Average noncompliances per noncompliant facility	1
Range of number of noncompliances per facility	0-1

Facility Noncompliances	0	Percentage of Total Facility Noncompliances
Film/Screen	1	100.0
Processing	0	0.0
Darkroom/Safelight	0	0.0
Personnel Monitoring	0	0.0
Patient Shielding	0	0.0
License Displayed	0	0.0
Repeat Analysis	0	0.0
Total Facility Noncompliances	1	100.0



Radiographic Noncompliances		Percentage of Total Radiographic Noncompliances
Collimation	0	0.0
Timer	0	0.0
kVp & Filtration	0	0.0
Patient entrance skin exposure	0	0.0
Public exposure	0	0.0
Operator conditions	0	0.0
Physical condition (x-ray unit, shielding)	0	0.0
Unit not registered	0	0.0
Total Radiographic Noncompliances	0	100.0



Dose to Patients per Exposure

Type of Exam	Average millirem per exposure	Range millirem per exposure	Vermont state maximum dose millirem ¹	Vermont state recommended dose millirem ²	NCRP DRL millirem ³
PA Chest	NA ⁴	NA	3.13	1.57	1.8
AP Cervical Spine	1.7	0.61 - 2.6	10.88	7.61	
AP Thoracic Spine	20	NA	93.96	62.64	
AP Lumbar Spine	26	8.9 - 43	104.4	70.47	50
AP Abdomen	NA	NA	78.3	52.2	41
AP Retrograde	NA	NA	93.96	62.64	
Lateral Skull	NA	NA	6.54	4.36	

¹Calculated from the Radiological Health Rule Part 5. Chapter 3. regulations maximum entrance skin exposure criteria per radiograph

Example: For a PA chest exam the lung is the organ of greatest risk so maximum dose would be (30 x 0.1044) millirem.

²Calculated from the Radiological Health Rule Part 5. Chapter 3. regulations recommended entrance skin exposure criteria per radiograph

Example: For a PA chest exam the lung is the organ of greatest risk so recommended dose would be (15 x 0.1044) millirem.

³DRL = Diagnostic Reference Level (derived from NEXT data) adjusted to millirem, NCRP Report 172, 2012

⁴na = not applicable

Annual Dose to Occupational Worker

Average	Range	Maximum
millirem	millirem	Allowable
per year	per year	millirem per year
0.04	0.0002 - 0.15	5000

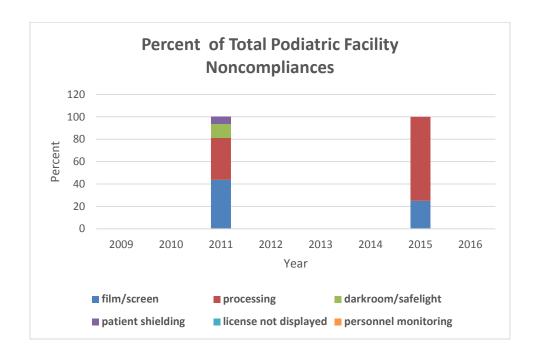
Average millirem	Range millirem	Maximum Allowable
per year	per year	millirem per year
0.63	0.0007 - 2.7	100

Podiatric Inspections

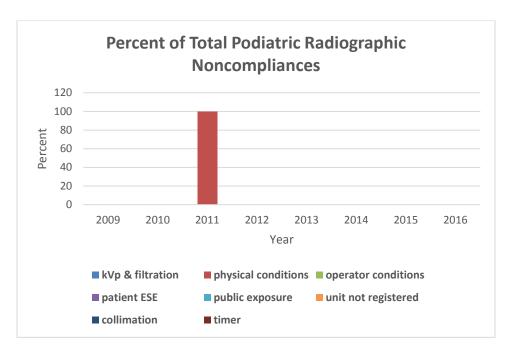
Total Number of Inspections Performed2Total Number of Facilities Not in Compliance0

Total Noncompliances	0
Average noncompliances per noncompliant facility	0
Range of number of noncompliances per facility	0

Facility Noncompliances	0	Percentage of Total Facility Noncompliances
Film/Screen	0	0.0
Processing	0	0.0
Darkroom/Safelight	0	0.0
Personnel Monitoring	0	0.0
Patient Shielding	0	0.0
Total Facility Noncompliances	0	100.0



Radiographic Noncompliances		Percentage of Total Radiographic Noncompliances
Collimation	0	0.0
Timer	0	0.0
kVp & Filtration	0	0.0
Patient entrance skin exposure	0	0.0
Public exposure	0	0.0
Operator conditions	0	0.0
Physical condition (x-ray unit, shielding)	0	0.0
Unit not registered	0	0.0
Total Radiographic Noncompliances	0	100.0



Dose to Patients per Exposure

Type of Exam	Average millirem per exposure	Range millirem per exposure	Vermont state maximum dose millirem	Vermont state recommended dose millirem	NCRP DRL millirem
DP Foot	0.10	0.02 - 0.18			
Lateral Foot	0.19	0.05 - 0.33			

Annual Dose to Occupational Worker

Average	Range	Maximum
millirem	millirem	Allowable
per year	per year	millirem per year
0.13	0.11 - 0.15	5000

Average millirem	Range millirem	Maximum Allowable
per year	per year	millirem per year
0.15	0.10 - 0.19	100

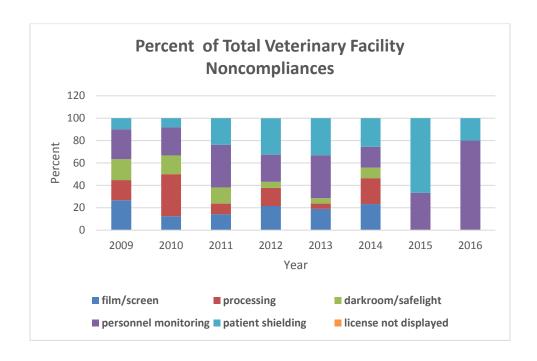
Veterinary Inspections

Total Number of Inspections Performed 14

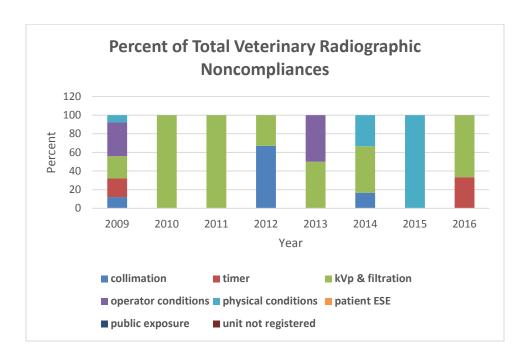
Total Number of Facilities Not in Compliance 4

Total Noncompliances	8
Average number noncompliances per noncompliant facility	2
Range of number of noncompliances per facility	0 - 4

Facility Noncompliances		Percentage of Total Facility Noncompliances
Film/Screen	0	0.0
Processing	0	0.0
Darkroom/Safelight	0	0.0
Personnel Monitoring	4	80.0
Patient Shielding	1	20.0
Total Facility Noncompliances	5	100.0



Radiographic Noncompliances		Percentage of Total Radiographic Noncompliances
Collimation	0	0.0
Timer	1	33.3
kVp & Filtration	2	66.7
Patient entrance skin exposure	0	0.0
Public exposure	0	0.0
Operator conditions	0	0.0
Physical condition (x-ray unit, shielding)	0	0.0
Unit not registered	0	0.0
Total Radiographic Noncompliances	3	100.0



Exposure to Patient per Exposure

	Average milliroentgen	Range milliroentgen
Type of Exam	per exposure	per exposure
Dog chest	57	8.7 - 122
Dog abdomen	61	18 - 101
Dog extremity	22	2.7 - 59
Dog dental	94	80 - 101
Dog CT scan	NA	NA
Cat-o-gram	41	7.3 - 87
Cat chest/abdomen	40	16 - 88
Cat extremity	19	1.4 - 49
Cat dental	100	56 - 211
Horse hoof	NA	NA
Horse navicular	NA	NA
Horse fetlock/pastern/ankle	NA	NA
Horse carpus/knee	NA	NA
Horse hock	NA	NA
Horse gaskin/forearm	NA	NA
Horse canon	NA	NA
Horse stifle/hip	NA	NA
Horse spine	NA	NA

Annual Dose to Occupational Worker

Stationary X-Ray Position of Operator	Average millirem per year	Range millirem per year	Maximum Allowable millirem per year
Operator exposure at edge of table	15	1.9 - 52	5000
Operator exposure at opposite ends of table	4.8	0.62 - 21	5000
Operator exposure 3 feet from x-ray unit	3.0	0.35 - 11	5000
Operator exposure 6 feet from x-ray unit	0.75	0.10 - 2.5	5000
Operator exposure behind shield, wall, or door	0.23	0.0003 - 1.8	5000
Extremity exposure	170	4.5 - 1736	50,000

	Average	Range	Maximum
Dental X-Ray	millirem	millirem	Allowable
Position of Operator	per year	per year	millirem per year
Operator exposure at edge of table	1.7	0.35 - 3.1	5000
Operator exposure 6 feet from x-ray unit	0.22	0.004 - 0.60	5000
Operator exposure behind shield, wall, or door	0.95	0.006 - 1.8	5000
Extremity exposure	4.6	NA	50,000

Machine Type	Average millirem per year	Range millirem per year	Maximum Allowable millirem per year
Stationary X-Ray	0.06	0.005 - 0.33	100
Portable X-Ray	NA	NA	100
Dental X-Ray	11	0.002 - 33	100