

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

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 _____ cm in _____ cm in

Phase Single Three Single Three

Pulse? Yes No Yes No

Battery Powered? Yes No Yes No

Capacitor Discharge? Yes No Yes No

Type Anode Rotating Stationary Rotating Stationary

Grid Used? Yes No Yes No

Grid Manufacturer _____

Type Stationary Moving Stationary Moving

Ratio / Lines per unit _____ / _____ cm in _____ / _____ cm in

Air Gap Used? Yes No Yes No

Digital System Type CR DR CR 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 this 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.