NIGERIAN NUCLEAR REGULATORY AUTHORITY

CHECKLIST FOR SURVEY OF DIAGNOSTIC X-RAY INSTALLATIONS

I GENERAL INFORMATION

I-1 Name of the Institution:……

I-2 Address of Facility: …….
…….
……..

I-3 Telephone/facsimile/email: Tel. #: …… Fax:……..
Email:……..

I-4 Name and Qualification of any Qualified Experts retained

Expertise: Radiation Safety Officer
Name:……..
Degree:……...
Certification:……
Experience:…….

Expertise: Radiologist/Radiographer
Name:……..
Degree:……...
Certification:…….
Experience:…….

I-5 The name and title of the Responsible representative: ……`……..
……
……

II Radiation Generating Equipment

Type of X-ray Equipment	Manufacturer/ Year of Manufacture	Model #	Serial No. of X-ray Equipment	Max kV	Max mA	No of exposures per week	Remarks

III COMMENTS

Name of Enumerator: ……..Signature/Date……

Name of Legal Person/RSO ……Signature/Date:……...