This is an example inspection checklist that has been developed based on generic criteria. It should be reviewed and evaluated against your specific state regulations and modified accordingly before using. There are questions that are more database type questions and some that are more enforcement in nature. Note: This must be modified to meet your specific state regulations. This checklist is intended to be used for each unit.

Facility/Registrant: ________________________________________________________________
State ID number: ___________________________ Date: ________________________________
Location (room number): ______________________ Manufacturer: _______________________
Model and serial number: ______________________ Manufacturer date: _____________________
Maximum number of images per rotation capable on unit: __________
Name of CT operator during inspection: _______________________________________________
Number of CT operators: ______________________ All CT operators credentialed: Y____ N___
Number of CT operators with ARRT CT certification and currently registered: __________
Is your facility accredited? Y____ N___
Which accrediting organization(s) (check all that apply): ACR____ IAC____ Joint Commission____
List the medical physicist(s): _______________________________________________________
Are they Qualified Medical Physicists (QMP)? Y____ N___
If not, what are their qualifications: ________________________________________________
State registered or licensed? Y____ N___ License or Registration #: _____________________

Machine and Room Parameters:
1. Emergency stop button identified (kill switch)? Y____ N___
2. Availability of means for X-ray termination (temporary stop)? Y____ N___
3. Ability to maintain constant audible & visual patient contact? Y____ N___
4. Control of all CT suite entrances (visual or auto locks)? Y____ N___
5. CT room appropriately labeled with caution signage? Y____ N___