



e-form

RPB - Notification Form (X-Ray Equipment in Dental Clinics)



Notification under regulation 17 of the Nuclear Safety and Radiation Protection Regulation for a dental clinic with dental X-Ray equipment

Form is to be filled in and returned to the Radiation Protection Board (email: rpb.ohsa@gov.mt)

GENERAL

TYPE OF NOTIFICATION

New Notification

Amendment to existing authorisation number

PURPOSE OF NOTIFICATION

Setting up new facility

Altering facility or Installing new Equipment

Commencement of operation

1.0 Dental Clinic

1.1

Name of person responsible for dental clinic

1.2

Address of person responsible for dental clinic

Tel:

Fax:

Email:

1.3

Address of premises where dental radiography is undertaken

Tel:

Fax:

Email:

1.4

Date Radiography started at these Premises

2.0 Details of all X-Ray Equipment

Intra-oral	Panoramic	Cephalometric
Manufacturer		
Model Number		
Serial Number or other unique identifier		
Year of Manufacture		
Year of Installation		
Maximum Kv		
Equipment	fixed	mobile

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Approximate number of intra-oral radiographs taken per month

Approximate number of panoramic radiographs taken per month

Approximate number of cephalometric radiographs taken per month

3.0 Risk assessment for radiological hazards from dental x-ray equipment

A dental radiological risk assessment is nothing more than a careful examination of how staff, patients and the general public could be exposed to dental x-rays and the precautions taken to minimise the risk.

The aim of the following questions is to enable the first written estimate of risk to be made.

Please include any additional information relevant to the risk assessment on a separate sheet.

3.1 Staff

3.1.1

Who carries out radiography, eg: dentist, nurse, etc?

3.1.2

How many (number) staff use the radiography equipment?

3.1.3

Do staff who use the radiography equipment have any training in Radiation Protection?

YES

NO

3.1.4

If Yes, state who acquire, what training and where this training was carried out?

Name of Staff Member

Name of Training Course

Venue of Training

3.1.5

Does any member of staff remain in the same room in which the radiograph is being taken?

YES

NO

3.1.6

If Yes, at what distance do staff stand away from the patient when a radiograph is being taken?

3.1.7

Do staff stand behind any shielding material when the radiograph is taken, eg: a solid wall, lead apron?

YES

NO

3.1.8

If Yes, give details of the shielding available.

3.1.9

If No, give details of protection measures taken by staff

3.1.10

What additional precautions, if any, are taken when a female member of staff might be pregnant.

3.2 Patients

3.2.1
Does a Written Procedure for Radiography of Patient exits? YES NO

3.2.2
Are previous radiographs/records available to prevent unnecessary repeat radiographs? YES NO

3.2.3
Are records of each exposures for patient kept, i.e., number of exposures, kV.mA seconds? YES NO

3.2.4
What protective devices are available for the patient to use, give details.

3.2.5
Are females patients enquired about the possibility of patient pregnancy? YES NO

3.2.6
If Yes, who does the enquiry, eg: receptionist, dentist, nurse?

3.2.7
What additional precautions, if any, are taken when a radiograph of a woman who might be pregnant are taken?

3.2.8
Are special precautions taken when taking radiographs of children? Please explain.

3.2.9
Are children held in position during the radiograph? YES NO

3.2.10
If Yes, who will hold the children in position, eg: nurse, next of kin, etc?

3.3 General Public

3.3.1

Is the waiting room for the general public physically separate from the X-Ray equipment area, i.e., by a wall or shielding material?

YES

NO

3.3.2

Is the X-Ray equipment in a separate area from the operating rooms?

YES

NO

3.3.3

If Yes, what is the physical barrier between X-Ray area and operating rooms, eg: brick wall, wooden partition, etc. Please give details.

3.3.4

What steps are taken to ensure that the X-Ray equipment cannot be switched on by a member of the general public or patient whilst waiting in the operating area?

3.4 Equipment Maintenance

3.4.1

Is the radiography equipment regularly serviced?

YES

NO

3.4.2

If Yes, by whom?

3.4.3

Are results/certificates of such service/maintenance kept?

YES

NO

3.4.4

How are radiographs processed?

Automatic

Manual

3.4.5

Is the processing sequence tested on a daily basis or prior to use, whichever is the most, i.e., a radiograph of a phantom processed using normal processing parameters?

YES

NO

4. Declaration

The radiological risks associated with the use of the dental X-Ray equipment have been analyzed in the risk assessment (detailed in Section 3) and the nature and magnitude of the risks to staff and other persons arising from the use of dental X-Ray equipment have been evaluated.

Name of person responsible for dental clinic

I.D. Number of person responsible for dental clinic

Signature of person responsible for dental clinic

Date

The Radiation Protection Board (RPB) will process your data in accordance with the principles of the Data Protection Act. RPB will not release any information held about the applicant to third parties except where necessary for the fulfillment of this application. RPB may process the applicant's address, telephone, fax or email details to contact the applicant in connection with this application. Completion and submission of this application form signifies the applicant consent to the processing of this data. Please contact RPB if the applicant would like the RPB to inform the applicant about the personal data the RPB hold about the applicant if the applicant require such data to be corrected.