

**Practice checklist**

**on closure and reopening**

This log should be completed prior to ceasing use of the x-ray equipment and the equipment being isolated from the mains supply. It should then be completed prior to the x-ray equipment being back into use for dental radiography.

# Practice checklist on closure and reopening

### Manufacturer and model:

……………………………..……………..……………..

### Serial number:

……………………………..……………..……………..

### Location (e.g. Surgery 1):

……………………………..……………..……………..

|  |  |
| --- | --- |
| **Check** | **Satisfactory? (YES/NO)** |
| Mains on warning light(s) | YES/NO |
| X-rays on warning light(s) | YES/NO |
| Audible x-ray exposure alarm (if provided) | YES/NO |
| ‘Deadman’ exposure switch / emergency stop operation | YES/NO |
| Mains supply isolation switch correctly labelled and operational | YES/NO |
| Intra-oral counterbalance (enter ‘NA’ if not applicable) | YES/NO |
| OPG/cephalometric/cone beam CT rotational or scanning motion (enter ‘NA’ if not applicable) | YES/NO |
| Condition of x-ray tubehead | YES/NO |
| No evidence of mineral oil leakage from x-ray tubehead | YES/NO |
| Condition of exposure switch cable (enter ‘NA’ if not applicable) | YES/NO |
| Condition of x-ray timer control unit | YES/NO |

### Is further action required following check? YES/NO

*If any of the above checks are deemed to be unsatisfactory, alert the Radiation Protection Supervisor and the employer*

### Detail actions required:

……………………………..……………..……………..…………..……………..……………..…………..……………..……………..…………..……………..……………..…………..……………..……………..…………..……………..……………..…………..……………..…………………………

### Checks carried out by (enter name):

……………………………..……………..……………..

### Date of checks:

……………………………..……………..……………..