

Diagnostic Imaging Center Inspection Checklist- Random

Name of the Diagnostic Imaging Center: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
16	Conventional Radiography				
16.1	Conventional radiography room size shall be at least 15 square meters.				
16.2	At least one designated patient gowning area for patient changing with safe storage for				
16.7	If film systems are used, a darkroom shall be provided for processing films				
16.10	Contrast media preparation				
16.10.1	If contrast media are used, this area shall include provision of sink, counter, and storage area for medication and crash cart				
16.10.2	Provision for central oxygen or oxygen cylinder				
16.10.3	Appropriate emergency equipment and medications must be immediately be available				
16.12	Hand-washing stations shall be provided within each procedure room unless the room is used only for routine screening such as chest X-rays where the patient is not physically handled by the staff				
16.13	Radiology equipment and supplies include but not limited to				
16.13.1	X-ray machine with X- Ray table with wall block				
16.13.2	Lead aprons.				
16.13.3	Gonad shields				
16.13.4	Immobilizer				
16.13.5	Cassette and grids				
16.13.6	Emergency trolley.				

16.13.7	Working table with bench				
16.13.8	X-ray viewer				
16.13.9	Foot step to help Patients to step in to X-ray table				
16.13.10	Computed Radiography (CR).				
16.13.11	Lead apron hanger				
16.13.12	Computer work station				
16.14	Green/Red warning light sign indicating when the X-ray beam is OFF/ON				
16.15	X-ray caution sign on the tube housing				
16.16	Designated supply storage and housekeeping area				
17	Radiography/Fluoroscopy, Tomography				
17.1	Combined Radiography and Fluoroscopy space requirement is at least 20 square meters				
17.2	Separate toilets with hand-washing stations shall be provided with direct access from each fluoroscopic room.				
17.4	Patient gowning area with safe storage for valuables and clothing shall be provided in the facility. At least one space should be large enough for staff-assisted dressing				
18	Ultrasound				
18.1	Ultrasound room shall be not less than 7 meters square space providing that at least one examining bed is a valuable				
18.2	Patient toilet shall be accessible within the ultrasound room with nursing call system				
19	Computerized Tomography (CT) Scanning				
19.1	CT scan room space requirement is at least 24 square meters ²				
19.2	The room shall be sized to allow a minimum clear dimension of 91.44 centimetres (3 feet) on three sides of the table for access to the patient and to facilitate transfer				

19.3	The door swing shall not encroach on the equipment, patient circulation, or transfer space				
19.4	Patient gowning area with safe storage for valuables and clothing shall be provided in the facility. At least one space should be large enough for staff-assisted dressing.				
19.5	A control room shall be provided that is designed to accommodate the computer and other controls for the equipment				
19.6	A view window shall be provided to permit full view of the patient				
19.7	The angle between the control and equipment shall permit the control operator to see the patient's head				
19.8	The control room shall be located to allow convenient film processing (if such method is used).				
19.9	A patient toilet shall be provided. It shall be close to the procedure room (directly accessible to the scan room is recommended so a patient can leave the toilet without having to re-enter the scan room).				
19.10	Emergency Power Off pushbutton station				
19.11	Door switch with NO/NC contacts Connect to CT system control circuit. CT should shut-off upon opening of the entrance door.				
19.12	Magnetic door interlock with CT controller to prevent interruption of scanning procedure				
19.13	Warning light with wording "CT IN USE, DO NOT ENTER". Provide interface with CT controller via interface relay.				
19.14	CT warning light interface relay with low voltage power supply to match CT equipment requirements				
19.15	Radiation warning signs should be posted on the entrance door of CT scanner room				
20	Mammography				
20.1	Mammography room space requirement is at least 9 square meters with patient gowning area with safe storage for valuables and clothing shall be immediately accessible to the room.				
20.2	Door mammography room should be with interlock to prevent interruption of scanning procedure				
20.3	Warning light with wording "X-RAY IN USE, DO NOT ENTER".				

20.4	Each X-ray room shall include a shielded control alcove. For mammography machines with built-in shielding for the operator, the alcove shall be permitted to be omitted if approved by FANR.				
21	Magnetic Resonance Imaging (MRI)				
21.1	The MRI room shall be permitted to range from 325 square feet (30.19 square meters) to 620 square feet (57.60 square meters), depending on the vendor and magnet strength.				
21.2	A control room shall be provided with full view of the MRI				
21.3	Patient gowning area with safe storage for valuables and clothing shall be provided. At least one space should be large enough for staff-assisted dressing				
21.4	A patient holding area shall be provided				
21.5	Hand-washing stations shall be provided convenient to the MRI room, but need not be within the room				
21.6	A computer room				
21.7	Cryogen storage shall be provided				
21.8	Equipment installation requirements				
21.8.1	Power conditioning shall be provided				
21.8.2	Magnetic shielding shall be provided.				
21.8.3	For super-conducting MRI, cryogen venting and emergency exhaust must be provided in accordance with the original equipment manufacturer's specifications				
21.8.4	Adequate space for Coils storage based on the on these anatomic applications				
21.8.5	Magnetic door interlock				
21.8.6	MRI Warning light and signs				
21.8.7	Compatible MRI medical equipments including but not limited to sphygmomanometer, wheel chair and injector.				

22	Interventional Imaging Facilities			
22.1	Interventional Radiology (IR) can be performed only in hospital base diagnostic setting			
22.2	The IR and /or cardiac catheterization laboratory is normally located in a separate suite, but location in the diagnostic imaging area can be permitted provided the appropriate sterile environment is provided			
22.3	Space requirements shall meet the following:			
22.3.1	Procedure rooms			
22.3.1.1	The number of procedure rooms shall be based on expected utilization			
22.3.1.2	The procedure room shall be a minimum of 400 square feet (37.16 square meters) exclusive of fixed cabinets and shelves.			
22.3.2	Prep, holding, and recovery rooms. The size of the prep, holding, and recovery areas shall be based on expected utilization.			
22.4	Electrophysiology labs. If electrophysiology labs are also provided in accordance with the approved functional program, these labs may be located within and integral to the catheterization suite or located in a separate functional area proximate to the cardiac care unit			
22.5	Support areas for the IR suite/ cardiac catheterization lab:			
22.5.1	Scrub facilities with hands-free operable controls shall be provided adjacent to the entrance of procedure rooms, and shall be arranged to minimize incidental splatter on nearby personnel, medical equipment, or supplies			
22.5.2	Patient prep, holding, and recovery area or room			
22.5.3	A patient preparation, holding, and recovery area or room shall be provided and arranged to provide visual observation before and after the procedure.			
22.5.4	Control room or area. A control room or area shall be provided and shall be large enough to contain and provide for the efficient functioning of the x-ray and image recording equipment. A view window permitting full view of the patient from the control console shall be provided.			
22.5.5	Electrical equipment room. An equipment room or enclosure large enough to contain x-ray transformers, power modules,			

	and associated electronics and electrical gear shall be provided				
22.5.6	Viewing room. A viewing room shall be available for use by the cardiac catheterization suite.				
22.5.7	A clean workroom or clean supply room shall be provided				
22.5.8	A soiled workroom shall be provided				
22.5.9	Film file room shall be available for use by the cardiac catheterization suite				
22.5.10	Housekeeping closet shall be provided.				
22.6	Support areas for staff clothing and change area(s) shall be provided and arranged to ensure a traffic pattern so that personnel can enter from outside the suite, change their clothing, and move directly into the cardiac catheterization suite.				
25	Patient Assessment				
25.6	Prior to MRI scanning, all patients should be screened for possible contraindications				
25.7	Policies & procedures on imaging pregnant females or females of child bearing age should be available				
25.8	Diagnostic imaging facility using ionizing radiation must ensure that patient radiation exposure is kept As Low As Reasonably Achievable (ALARA)				
27	Medications Management				
27.1	Policy & procedures area provided for medication risk management				
27.2	A documented policy which identifies procedures for managing of medication adverse reactions				
28	Anaesthesia(applied for Hospital)				
28.1	Administration of light, moderate sedation or even general anesthesia is conducted only in hospital based diagnostic imaging services provider				
28.2	Consultant/Specialist anesthetist licensed by DHA is available during the provision of anesthetic care				
28.4	Physicians & nurses providing anesthetic care holds an active Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) training if dealing with adults or Pediatric Advanced Life Support (PALS) if dealing with children				

28.5	Documentation of patient care is performed by the supervising anesthetist administering the sedative or general anesthesia agents				
28.6.	For anesthesia care provision the following equipment is provided				
28.6.1	Reliable oxygen source with back up tank				
28.6.2	Airway equipment: appropriate sized oral airways, endotracheal tubes, laryngoscopes, normal masks & laryngeal masks				
28.6.3	Defibrillator				
28.6.4	Double tourniquets if the practice performs Bier blocks				
28.6.5	Pulse oximeter				
28.6.6	Electrocardiographic (ECG) monitor				
28.6.7	Temperature monitoring system for procedures lasting more than 30 minutes				
28.6.8	Blood pressure apparatus with different size cuffs				
28.6.9	Suction apparatus				
28.6.10	Emergency crash cart				
29	Dental Radiology Services				
29.2	Operator of dental X-ray modalities must receive full training on machine operation & dental radiation safety principles				
29.3	Operator of dental X-ray equipment must ensure that radiological examinations are carried out properly at all times				
29.4	Dental hygienists & dental assistants can perform Intra-oral radiography' periapical, bitewing & occlusal views				
29.5	Equipment designed for intra-oral radiography must not be used for any other type of radiographic examination				
31	Emergency Management & Transfer				
31.3	List of emergency medical equipment required in the diagnostic imaging service provider				
31.3.1	Defibrillator				
31.3.2	Emergency Cart with Emergency medicines				
31.3.3	Resuscitation Kit + Cardiac board + Oral airways				
31.3.4	Diagnostic set				
31.3.5	Patient trolley with IV stand				
31.3.6	Nebulizer				
31.3.7	Refrigerator for medication storage				

31.4	Registered Nurse (RN) providing services in the diagnostic imaging service shall be trained and competent to provide the emergency care needed. Examples of emergency nurse competencies are				
31.4.1	Patient Triage				
31.4.2	ECG Recording				
31.4.3	Pulse Oxymetry				
31.4.4	Oxygen Administration				
31.4.5	Intravenous cannulation				
31.4.6	Medication administration				
31.6	Storage areas for general medical, emergency supplies, medications & equipments is under staff control & out of the path of normal traffic				
31.7	Facility maintains a documented process for patient emergency transfer				
31.9	Mode of transport & who should accompany the patient should be decided based on the following:				
31.9.1	Condition of the patient,				
31.9.2	Physician evaluation,				
31.9.3	Availability & competence of the ambulance team				
32	Patient Safety Solutions				
32.1	Patient Safety Solutions includes but not limited to:				
32.1.1	Patient identification (minimum two identifiers)				
32.1.2	Performance of correct procedure at correct body site				
32.1.3	Improving hand hygiene to prevent health care-associated infection				
32.1.4	Communication during patient hand-over				
32.1.5	Single use of injection devices				
32.2	Policy to identify patients correctly are provided				
32.2.1	Matching a patient to their request; at least two ways to identify a patient				
32.2.2	Correctly matching patients with their intended diagnostic imaging service & the anatomical site & side				
32.2.3	patient care mismatching events when they occur & implementing changes, where relevant				

33 Infection Prevention & Control					
33.1	Infection control policy is provided				
33.1.1	Basic measures for infection control & risk reduction & management such as proper hand hygiene/hand washing, restriction of jewelry, nail polish & false nails, etc				
33.1.2	Use of standard precautions				
33.1.3	Needle stick management				
33.1.4	Exposure prevention to blood-borne pathogens & post exposure management				
33.1.5	Safe handling & disposal of sharps, including the provision of medical devices incorporating sharps protection				
33.1.6	Environmental cleaning				
33.3	Use & safe storage of antiseptics & disinfectant solutions must be according to manufactures instructions				
33.4	Material Safety Data Sheets (MSDS) is available for all chemical agents & disinfectants solutions used in the facility				
34 Falls Management Program					
34.2	Falls prevention information is provided to staff, patients & patient's family/patient representative				
35 Patient's Rights & Responsibilities					
35.1	Charter of Patients' Rights & Responsibilities is communicated & displayed in at least two languages – Arabic & English – in all patient care & waiting areas & posting on the Facility's website (If any)				
35.2	Patients have the right to full disclosure of health services cost				
35.3	Charter of Patients' Rights & Responsibilities must comply with local & federal regulations				
35.4	Patients are aware & understand their responsibilities regarding their treatment & their financial obligations				
35.7	Patients have the right to request information about the treating healthcare professionals including their scope of practice and license				
35.15	Patient satisfaction surveys may be carried out regularly				
36 Disabled People Rights					
36.1.1	Wheelchair ramps within the Outpatient Care facility building				
36.1.2	Accessible consultation and treatment rooms.				

36.1.3	Accessible restrooms to disabled patients in the Outpatient Care facility or within the same building				
37	Reporting & Communication of Diagnostic Imaging Findings				
37.8	Electronic & rubber-stamp signature devices, instead of a written signature, are acceptable if access to them is secure				
37.9	Should the radiologist signing the report differ from the radiologist who dictated the report, this should be clearly indicated				
37.12	Voice recognition systems are not foolproof & methods should be in place to allow detection & correction of program generated errors				
37.13	Final reports may be transmitted by paper, fax, &/or email, provided appropriate security & confidentiality measures are in place				
37.14	A copy of the final report should be archived				
37.16	Report should include the following parts				
37.16.1	Demographics report which includes:				
37.16.1.1	Name of patient, gender, identification number, etc				
37.16.1.2	Facility or location where the diagnostic image study was performed				
37.16.1.3	Name of referring (attending) physician (s)				
37.16.1.4	Name or type of examination				
37.16.1.5	Date & time of examination				
37.16.1.6	Date of dictation				
37.16.2	Body of the report should be short & precise & includes:				
37.16.2.1	Clinical history, indication or clinical question may be inserted at the beginning of the report				
37.16.2.2	A description of the examinations &/or procedures performed & any contrast media medications, any known significant patient reaction or complication should be recorded				
37.16.2.3	Limitations factors that can limit the sensitivity & specificity of the examination such factors patient anatomy (e.g. dense breast pattern), & limitations of the technique e.g. (e.g. the low sensitivity of a chest X-Ray for pulmonary embolism)				
37.16.2.4	Findings using precise anatomical, radiological & pathological terminology to describe the findings accurately				
37.16.3	Unless the report is brief, each report should contain an impression (conclusion or diagnosis) section & include				

37.16.3.1	A specific diagnosis should be given when possible with a differential diagnosis should be rendered when appropriate				
37.16.3.2	Follow-up or additional diagnostic studies to clarify or confirm the impression should be suggested when appropriate				
37.16.3.3	Any significant patient reaction should be reported				
37.17	A preliminary report may precede the final report in certain circumstances & contains limited information relevant to immediate patient management				
38	Reporting by Non-Radiologist				
38.2	Licensed Consultant/Specialist physicians can perform ultrasound limited to their specialty scope only if they hold specialized certificate/training course in ultrasound, e.g. cardiologist can provide Echocardiography services if he or she completed a successful program or dedicated training courses in Echocardiography				
38.3	Consultant/Specialist physicians cannot provide radiology reports independently. Only DHA licensed radiologist is authorized to issue written radiology reports				
38.4	If the ultrasound diagnosis performed by Consultant/Specialist physicians carries the chance of intervention or surgery, the ultrasound report should be countersigned by licensed Consultant/Specialist Radiologist				
38.5	Licensed physicians as General Practitioners cannot provide ultrasound services.				
38.6	Licensed radiographers can perform ultrasound procedures independently; he or she cannot report or interpret ultrasound images				
38.7	Professionals authorize to interpret plain X-ray images meets the following criteria				
38.7.1	Consultant/Specialist physicians can interpret plain X-ray images limited to their specialty scope only				
38.7.2	General Practitioners can interpret chest & extremities plain X-ray images only, they are not permitted to interpret & report other diagnostic images				
38.7.3	DHA licensed Osteopath & Chiropractor practitioners can interpret plain X-ray images for osteopathy or chiropractic purposes				
39	Informal & Verbal Communication				
39.4	Telephone or verbal communications must be documented immediately by the healthcare professional that receives the order & should be authenticated within 24 hours by the healthcare professional that is responsible for ordering or evaluating the service furnished				

40 Outsourcing Diagnostic Imaging Services					
40.1	Diagnostic imaging services &/or reporting & interpreting services may be provided within the Diagnostic imaging premises, or by written agreement with outside provider				
40.2.1	A contractual agreement (or similar) shall be available.				
40.2.2	The image and report shall be transferred in way to ensure the diagnostic image quality of confidentiality of the report, a variety of technologies, such as picture archiving and communication systems (PACS) or teleradiology, may be required to augment service provision.				
41. Teleradiology					
41.2	To use teleradiology services in Dubai, the Diagnostic imaging facility management shall file a request to the Director of Health Regulation Department with evidence meeting the standard requirements.				
41.3	The use of teleradiology shall not compensate radiologist shortage or absence from the diagnostic imaging facility.				
41.4	Teleradiology transmitting site should comprise of at least one full time radiologist, one radiographer and a system manager with informatics certification.				
42 Health Records					
42.3	Radiology health records can be hard or soft copy & includes:				
42.3.1	A unique identifier for health records				
42.3.2	A system to alert staff to patients of the same name				
42.3.3	The identity of the healthcare professional that made the record entry & the patient it relates to				
42.3.4	Complete, legible notes of diagnostic procedure & contrast media used, including contrast reaction (if any).				
42.3.5	Diagnostic test results & a record of when results were received				
42.3.6	Copies of signed informed consent given by the patient or his/her relatives up to the fourth degree (in case of invasive diagnostic procedure)				
42.4	Complete reports of the results of diagnostic imaging examinations must be kept in health records or the PACS (if the system is digital) for not less than two years & a copy must be filed in the patient's record				
42.6	All information relevant to a patient should be readily available to authorized healthcare professionals or in the				

	event that a patient is transferred				
43	Informed Consent				
43.1	Informed Consent is obtained by the treating physician prior to procedure/surgery &/or interventions (excluding emergency cases), after discussing the complication, risks, benefits & alternatives				
43.2	List of procedures &/or interventions requiring informed consent is provided				
46	Quality Control				
46.2	Documented quality control program for monitoring & evaluating the effective management, safety, & proper performance of all imaging equipments is maintained				
46.2.1	Equipment performance should be monitored by a qualified medical physicist or a qualified technologist				
46.2.2	Daily/ Weekly quality control testing is conducted & reviewed on a quarterly or annual basis, as directed, by a Medical Physicist &/or radiologist;				
46.2.3	Interpreting physician performs quality control testing & compliance testing upon the installation of all new equipment, & at specified times				
46.2.4	Controls, policies & procedures relating to radiology procedures are included in the overall quality control & improvement program				
46.3	Facility has process in place for				
46.3.1	Educating its employees about medical errors & their prevention;				
46.3.2	Using information gained as a result of medical error analysis as part of its quality improvement program				
46.4	Each facility establishes a system to collect & review outcome data for all radiology services performed, including follow-up on the disposition of all positive results & correlation of pathology results with the interpreting radiologist report				
46.5	Protocols for imaging services provided to High Risk Patients, are incorporated as appropriate, to determine the risks & clinical benefits involved with ionizing radiation exposure to these Patients				
47	Quality Manual				
47.1	A documented quality manual should be available which includes diagnostic imaging policies & procedures related to				
47.1.1	Governance structure (mission, vision, organization structure, etc.)				
47.1.2	List of radiology & diagnostic imaging services & equipment provided				
47.1.3	Radiation safety & radiographic technique charts				

47.1.4	Infection control				
47.1.5	Access to (or copy of) FANR radiation polices. Along with radiation system of work & facility local rules				
47.1.6	Provision of diagnostic imaging services & reporting & recording image findings				
47.1.7	Consumer information & leaflets				
47.1.8	Patient identification & procedure matching				
47.1.9	Medication management				
47.1.10	Complaints management.				
47.1.11	Quality control & assurance programs				
47.1.12	Copy of the following document is maintained				
47.1.12.1	DHA health facility license				
47.1.12.2	All licensed healthcare professionals in the facility including radiologists, radiographers, nuclear medicine technologists, nurses or others				
47.1.12.3	Copy of FANR license for uses of ionising radiation diagnostic services				
48	Reporting Sentinel Events & Major Incidences				
48.1	Sentinel event policy is available				
49	Human Resources Practices				
49.1	Diagnostic Imaging Facility maintains accurate & complete personnel records for all employees, including training records. Such records is maintained & kept confidential				
50	Healthcare Professionals Staffing Minimum Requirements				
50.2	All healthcare professionals must hold an active DHA professional license & work within their scope of practice				
50.4	In Independent Radio-Diagnostic Centre, healthcare professionals allocation meets the following:				
50.4.1	At least one full time licensed Consultant/Specialist radiologist is available to supervise & manage the diagnostic imaging services provided				
50.4.2	At least one full time qualified & DHA licensed radiographer is in the facility				
50.4.3	If Mammography services provided, a female radiographer must be licensed & employed in the facility				
50.4.4	If diagnostic imaging with contrast media use is provided in the facility, at least one full time Registered Nurses (RN) on duty to provide & supervise patient care during contrast provision				

50.4.5	When radiation therapy or other special services are provided, they are under the direction of appropriately licensed & qualified healthcare professionals				
50.5	In Outpatient Care facilities healthcare professionals allocation meets the following				
50.5.1	If only Ultrasound &/or Conventional Radiography service available, at least one licensed Consultant/Specialist Radiologist must supervise the services on part time or full time basis & at least one full time DHA licensed radiographer				
50.5.2	Where CT/MRI services are provided in Outpatient Care facilities, the following is met				
50.5.2.1	At least one licensed Consultant/Specialist Radiologist must be available to supervise the services on full time basis & to provide reports				
50.5.2.2	At least one full time licensed radiographer with training in CT/MRI must be available in the facility to provide & assist in the services provision				
50.5.2.3	A Registered Nurse (RN) or a physician with contrast media administration competencies. (if provided)				
50.6	If Mobile Radiology Services such as Ultrasounds, Mammography, healthcare professionals allocation meets the following:				
50.6.1	At least one licensed Consultant/Specialist Radiologist must be available onsite to supervise the mobile services, to discuss radiological findings & provide reports				
50.6.2	At least one licensed radiographer is available to assist in the diagnostic mobile services provision (excluding ultrasound services). If Mammography provided as mobile services, the licensed radiographer must be a female radiographer				
50.6.3	Reporting of mobile radiology reports is conducted by licensed radiologist				
50.6.4	Radiation protection meets FANR requirements; the mobile unit is licensed by FANR				
51	Specific Training & Certifications Requirements				
51.1	MRI safety training is provided to all healthcare professionals & staff involved in patient management inside the MRI area				
51.2	A designated healthcare professional as "radiation safety officer" is responsible for radiation safety program in the facility.				
52	Pregnant Healthcare Professionals				
52.1	Pregnant healthcare professionals may continue to work with the following recommendations				
52.1.1	Pregnant healthcare professionals should not remain in examination rooms during scanning				

52.1.2	Pregnant healthcare professionals may opt out of all scan room work during the first trimester				
53	Diagnostic Imaging Equipments				
53.1	All equipment used to conduct diagnostic imaging studies is regularly inspected, maintained, & calibrated, & appropriate records are maintained for these activities				
53.2	Equipment used to acquire or print images for diagnostic imaging procedures must be safe & appropriate for its intended use				
53.3	Current equipment inventory is maintained. A current equipment inventory should include information relating to name of item, manufacturer, & serial number				
53.4	Effective Preventive Maintenance (PM) is maintained as per the manufacturer recommendations; the PM includes both preventive & corrective aspects				
53.5	Equipment management program includes calibrating & maintaining equipment				
53.6	A copy of operator & safety manuals of all medical equipment & inventory list with equipment location is maintained				
53.7	A written policy for tagging medical equipment is maintained which include:				
53.7.1	PM with testing date & due date				
53.7.2	Inventory number				
53.7.3	Safety checks				
53.8	A written policy on removal of equipment from service is available				
53.9	Elimination of the use of extension cords is implemented				
53.10	Healthcare professionals (radiologist, radiographers & nurses) is trained to operate the medical equipment assigned to them & the hazards attached to it				
53.11	Records of Staff training certificates on any X-ray modalities must be maintained properly				
53.12	Reporting of medical equipment incidents & corrective actions taken is maintained in the health facility				
53.13	Each Diagnostic imaging facility implements sufficient hardware & software security measures to ensure that patient information stored in & transmitted by its computer system, handheld or other devices will be protected from inappropriate external & internal disclosure				
53.14	Electronic data & information management systems meets the diagnostic imaging facility needs & support the delivery of quality care & service				

54 X-ray Film & Other Supplies					
54.2	A process to order or to secure essential films, chemicals, & other supplies should be effective				
54.3	All supplies are stored & dispensed according to defined procedures that incorporate the manufacturers' recommendations				
54.4	Periodic evaluation of reagents according to manufacturers' recommendations ensures accuracy & precision of results				
55 Radiation Protection & Safety Programs					
55.9	Radiation safety program requirements includes:				
55.9.1	Written radiation policies & procedures that support compliance with all applicable local & federal regulations				
55.9.2	Written policies & procedures for handling & disposal of infectious & hazardous materials. A register is kept on the safe disposal of all radioactive waste				
55.9.3	Identified radiation safety risks are addressed by specific processes or devices that reduce safety risks (such as lead aprons, radiation badges, etc)				
55.9.4	Radiology & diagnostic imaging staff are oriented to safety procedures & practices & receive education for new procedures & hazardous materials				
56 General Safety and Security Management					
56.1	Health care environment is safe				
56.2	Fire safety plan for early detection, confining, extinguishment, rescue, evacuation & alerting the Dubai Civil Defense is established				
56.3	fire extinguishers & fire protection equipments & devices as per the Dubai Civil Defense requirements are maintained				
56.4	There should be evacuation maps posted in the facility to indicate current locations marked with "You are here" to provide information regarding Escape routes & Fire exits				
56.5	Staff is aware about the following:				
56.5.1	Location & use of fire hose reel/cabinets/blankets				
56.5.2	Assembly points				
56.5.3	Fire alarms/ call points break glass / pull station				
56.6	Security personnel (if available) should be educated & provided with information in relation to security risks & responsibilities & oriented on their scope of work, fire safety & emergency codes				
56.7	Written policies on the following are available:				
56.7.1	Safe keeping of patient belongings				

56.7.2	Lost & found items				
56.7.3	How to contact the local police, in case of need				
56.8	Hazards that might lead to slipping, falling, electrical shock, burns, poisoning, or other trauma should be eliminated				
56.9	Employees dealing with hazardous substances (if available) have protective clothes or equipment as required				
56.10	Proper storage & containers for disposing clinical & general waste material is maintained				
56.11	Contracting with a specialized company to transport & destroy medical waste materials is according to the conditions issued by Public Health Department in Dubai Municipality				
56.12	Staff should be educated & provided with information on waste management, fire safety, hazardous substances & their responsibilities				

Inspectors: (Name & Signature)

1. _____
2. _____
3. _____
4. _____