X-RAY & SCANNING EQUIPMENT INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Radiation Safety & Shielding

☐ Yes ☐ No — Lead shielding and protective barriers are intact

☐ Yes ☐ No — Warning lights and radiation signs are visible

☐ Yes ☐ No — Emergency stop buttons are functional and accessible

☐ Yes ☐ No — Dosimeters are available and within calibration dates

Mechanical & Electrical Components

☐ Yes ☐ No — Conveyor belts and rollers move smoothly without noise

☐ Yes ☐ No — Cables and power connections are secure and undamaged

☐ Yes ☐ No — Cooling systems and fans are operating correctly

☐ Yes ☐ No — Control panel buttons and switches respond properly

Imaging & Software Performance

☐ Yes ☐ No — Monitor display is clear with no dead pixels

☐ Yes ☐ No — Image resolution meets manufacturer specifications

☐ Yes ☐ No — Software loads correctly without error messages

☐ Yes ☐ No — Data storage and archival functions are operational

General Maintenance & Cleanliness

☐ Yes ☐ No — Scanning tunnel is free of debris and obstructions

☐ Yes ☐ No — External housing is clean and free of cracks

☐ Yes ☐ No — Maintenance logs are updated and stored nearby

☐ Yes ☐ No — Ventilation grilles are clear of dust and buildup

FINAL NOTES

Inspector Comments:

_____

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_____

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ I confirm this inspection was completed accurately