

CT FACILITY INSPECTION REQUEST FORM

This form is required to request an inspection and to confirm if your facility meets all prerequisites for the initial inspection. We will not process your request for the inspection if this form is incomplete. The information provided in this form must match the information provided during the inspection.

1. FACILITY INFORMATION

1.1 Name of the facility/Practice Name:

1.2 Address of the facility:

Address Line 1:

Address Line 2:

City: _____ PROVINCE: Ontario _____ Postal code: _____

1.3 Facility No (File No. noted in the facility permit application fee receipt):

1.4 Name of the Facility Permit Holder Applicant:

1.5 Name of the Radiation Protection Officer if different from 1.4 above:

1.6 Type of authorization held or applied for by the Facility Permit Applicant: Dentoalveolar Craniofacial

1.7 Facility Permit Applicant's RCDSO Member number:

1.8 Names of the dentists who intend use the CBCT machine:

Name of the dentist	RCDSO Member Number	Type of Authorization currently held/applied for

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2. DETAILS OF THE CBCT MACHINE TO BE INSPECTED

2.1 CBCT Machine Type: Dentoalveolar Craniofacial

2.2 CBCT Machine details:

Item	Details
Make	
Model	
Control Serial Number	
Manufactured date of the machine	
Installation date of the machine	
Is this an upgrade to an existing PAN machine (if no, please skip to 2.3)	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, Serial Number of the upgrade	
Manufactured date of the CT upgrade	
Installation date of the CT upgrade	

2.3 Field of View (FOV) options available:

2.4 Is there a "dose reduction" or "Low dose" mode available? Y N

3. MACHINE TESTING AND MAINTENANCE

3.1 Test completion verification:

Name of the test	Frequency	Date of the last test/Date shown on the test document
HARP test		
Acceptance test (3D Calibration test)		
Name of the test	Frequency of the test (daily, monthly or yearly)	Date of the last test/Date shown on the test document
Quality control tests: • Constancy test • Quality Assurance test		
Additional tests recommended by the manufacturer (Please specify if any)		

3.2 Does the facility maintain a maintenance log sheet in the office CT binder to record the above tests? Y N

3.3 If CBCT machine has already been in use to take 3D scans prior to the facility permit application, does the facility have maintenance records to support past maintenance? Y N N/A

4. REFERRALS AND REPORTS

4.1 Does the facility take outside referrals for CBCT imaging. Y N

4.2 If yes, does the facility have procedures in place to comply with the following requirements for referrals:

Requirement	Yes/No
Patient record is created for the referred patient	<input type="checkbox"/> Y <input type="checkbox"/> N
Justification for taking the scan	<input type="checkbox"/> Y <input type="checkbox"/> N
Patient consent obtained	<input type="checkbox"/> Y <input type="checkbox"/> N
Appropriate FOV and dose are selected	<input type="checkbox"/> Y <input type="checkbox"/> N
Written report is completed for each scan and sent to the referring dentist	<input type="checkbox"/> Y <input type="checkbox"/> N
All CT data is appropriately saved and securely backed up and preferably managed by an IT company	<input type="checkbox"/> Y <input type="checkbox"/> N

5. LIST OF DOCUMENTS TO BE SUBMITTED AT THE TIME OF INSPECTION

Name of the document	Available (Yes/No)	Date shown on the document
1. Letter of Approval from the Director of X-ray Safety	<input type="checkbox"/> Y <input type="checkbox"/> N	
2. Approved schematic floor plan from the Ontario Ministry of Health	<input type="checkbox"/> Y <input type="checkbox"/> N	
3. Letter of Designation from the Ontario Ministry of Health	<input type="checkbox"/> Y <input type="checkbox"/> N	
4. Copy of Form 1 submitted to the Ontario Ministry of Health	<input type="checkbox"/> Y <input type="checkbox"/> N	
5. A letter from the CBCT supplier/manufacturer (Refer Appendix)	<input type="checkbox"/> Y <input type="checkbox"/> N	
6. Copies of the tests noted in Section 3	<input type="checkbox"/> Y <input type="checkbox"/> N	
7. Training documentation/certificates issued by the on-site trainer for the dentists. (Refer Appendix)	<input type="checkbox"/> Y <input type="checkbox"/> N	
8. A photo of the serial number or a letter issued by the manufacturer/supplier that clearly indicates the serial number of the CT machine	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A

Note: The Inspector has the discretion to request additional documents related to the inspection.

6. THE DOCUMENTS DEVELOPED, MAINTAINED AND REVIEWED BY THE FACILITY PERMIT HOLDER APPLICANT

		Availability
6.1	Procedure to ensure that only dental CT scans that are indicated and appropriate are provided	<input type="checkbox"/> Y <input type="checkbox"/> N
6.2	Dental CT imaging protocols for both adult and pediatric patients, including acquisition parameters, scanning region, patient positioning and use of protective shielding	<input type="checkbox"/> Y <input type="checkbox"/> N
6.3	Procedures to ensure that a qualified prescribing dentist is present in the facility whenever the dental CT scanner is being operated	<input type="checkbox"/> Y <input type="checkbox"/> N
6.4	Protocols for reviewing the qualifications, on-site training and continuing education of all prescribing dentists ordering and taking dental CT scans	<input type="checkbox"/> Y <input type="checkbox"/> N
6.5	A documented quality assurance program that includes:	<input type="checkbox"/> Y <input type="checkbox"/> N
	6.5.1 A written log that includes surveys and checks that are performed according to a regular timetable to track incidental repairs and services, CT retake etc.	<input type="checkbox"/> Y <input type="checkbox"/> N
	6.5.2 Policies and procedures for monitoring and evaluating the effective management, safety operation of dental CT equipment	<input type="checkbox"/> Y <input type="checkbox"/> N
	6.5.3 Protocols ensuring Dental CT scanners are properly maintained and calibrated as recommended by the manufacturer	<input type="checkbox"/> Y <input type="checkbox"/> N
	6.5.4 Protocols to ensure	<input type="checkbox"/> Y <input type="checkbox"/> N
	A. All safety measures are in compliance with federal and provincial laws/ regulations	<input type="checkbox"/> Y <input type="checkbox"/> N
	B. Specific tests conducted at the time of installation as recommended by the manufacturer are completed	<input type="checkbox"/> Y <input type="checkbox"/> N
	C. Written records of preventative maintenance and equipment calibration are maintained	<input type="checkbox"/> Y <input type="checkbox"/> N
	D. CT value phantom test is performed in accordance with equipment supplier guidelines	<input type="checkbox"/> Y <input type="checkbox"/> N

I confirm all information provided above is accurate and the documents referred to in this document will be available for the inspection.

Name of the Facility Permit Holder Applicant:

Facility Permit Holder Applicant Signature:

Date:

APPENDIX

1. ACCEPTANCE TEST (3D CALIBRATION TEST)

This test ensures that the machine is set up properly. If the machine is moved or any of its components are changed, then another acceptance test is required. This test is typically done annually.

2. CONSTANCY TEST

This is a simpler version of the Acceptance test that ensures the scanner is consistently working to specifications. If several tests fail, the machine must be serviced. After servicing, the supplier needs to re-calibrate and conduct the Acceptance test. The Acceptance test will set new values for Constancy. This test should be repeated monthly, every three months or six months as specified by the manufacturer.

3. HARP TEST

HARP testing is governed by the HARP Act. Once your CBCT scanner is initially set up it requires HARP testing and thereafter it should be done annually. It tests if calibration is sufficient and there is no leakage of radiation. All CBCT machines must comply with HARP requirements.

4. QUALITY ASSURANCE TEST

A quality assurance test for CT scanners verifies safety and performance by assessing image quality, radiation dose and calibration, ensuring compliance and enhancing patient care.

5. LETTER FROM THE CBCT SUPPLIER/ MANUFACTURER THAT:

- Lists the date of installation, confirms the dental CT scanner was new when installed in the facility and it was manufactured within 12 months of installation;
- OR**
- Confirms that the dental CT scanner was new when installed in the facility, employs current technology and has the same technology as similar CT scanners currently in production and approved for use in Canada.

6. TRAINING CERTIFICATES AND DOCUMENTS

Regarding the safe operation of the equipment installed in your facility issued by the on-site trainer for the authorized dentists that prescribe, order, take, interpret and report on CT scans in the dental facility.

Note- If the members listed in Section 1.8 have received training at another location for a machine of the same make and model of the CBCT, a copy of the training certificate should be kept on file.

7. QUALITY ASSURANCE PROGRAM

A quality Assurance Program aims to minimize radiation risk to patients and staff, while ensuring consistently accurate diagnostic information is obtained from dental CT scans. It must also include surveys and checks that are performed according to a regular timetable. A written log of this program must be maintained.