

# Radiology Checklist

Sr. No.	Objective Element	Requirements	Yes	No
1	AAC 6 a	Do all Imaging equipment have licenses (AERB for Xray/CT-scan/C-Arm/Cath lab/Dental X-ray/Mammography, etc.)/PCPNDT for ultrasonography, echocardiography, etc.?		
2	AAC 6 a	<p>Is imaging signage appropriately displayed? For example, for X-ray equipment- Inverted triangle x-ray warning signage; signage to restrict entry of pregnant ladies and children etc.</p> <p>For MRI</p> <ul style="list-style-type: none"> <li>a) Signage at the entrance to the MRI scanner room that conveys that potentially dangerous magnetic fields are present in the room</li> <li>b) Signage should also indicate that the magnet is always on</li> <li>c) Symbolic and language signage that metallic objects are not allowed in the MRI area, etc.</li> </ul> <p>For ultrasonography</p> <ul style="list-style-type: none"> <li>a) Signage board in English and in the local language indicating the foetal sex is not disclosed in the clinic and is a punishable offence</li> <li>b) Display of PC PNDT license, etc.</li> </ul>		
3	AAC 6 a	Are other statutory requirements for Imaging complied with, e.g. quality assurance of X-ray generating machines every two years, Form F maintained for ultrasonography machines, etc.?		
4	AAC 6 b	Is the scope of Imaging services commensurate to the services provided, i.e. are the Imaging services provided sufficient to support the clinical care provided (if some tests are outsourced i.e. sent to outside Imaging centre, results should be available within appropriate time)?		
5	AAC 6 a	Is screening of patients carried out before imaging tests, e.g. screening for pregnancy for x-rays, metallic objects for MRI, etc.?		
6	PRE 1 d	Is consent taken for any contrast related or invasive imaging tests e.g. IVP, ultrasound guided biopsy, etc.?		
7	AAC 6 c	Is turn-around time (i.e. time taken from start of imaging test till report generation) defined both for routine and emergency tests?		
8	AAC 6 c	Is the turn-around time monitored using registers, digital or other means?		
9	AAC 6 c	Are critical values (test result much beyond the normal variation with a high probability of a significant increase in morbidity and/or mortality) defined and intimated to the concerned clinician immediately?		
10	AAC 6 c	Is a record of the critical value reporting maintained appropriately?		

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11	AAC 6 d	Are imaging staff trained in safe practices (Radiation and its harmful effects, ALARA, Pregnancy and radiation, Radiation shielding of patients and staff, Personnel monitoring devices, Signage, MRI safety, Safety of contrast medications, etc.)?		
12	AAC 6 d	Are Imaging staff provided with adequate safety and monitoring devices (Thermo-luminescent dosimeters (TLD badges for all staff working with X-rays including Radiology dept, C-Arm staff, Cath lab staff, Dental dept, etc., Lead aprons/thyroid shields/gonadal shields to be available and numbered in all X-ray generating areas, Metal detectors in MRI, etc.)?		
13	AAC 6 d	Are the safety and monitoring devices tested regularly (TLD badge reporting to be done by AERB authorized agency every quarter, Lead aprons/thyroid shields/gonadal shields to be checked visually and radiologically for cracks every year, etc.?) and are reports of testing maintained?		