

**OHIO DEPARTMENT OF HEALTH RADIATION QUALITY ASSURANCE RULE 3701: 1-66-04-B-5
PARTICIPATION IN THE USE OF FLUOROSCOPY -- -- PHYSICIAN ORIENTATION & TRAINING COMPETENCY CHECKLIST**

TYPE OF X-RAY PRODUCING SURGERY EQUIPMENT: _____

Content	Review Method	Able to Recall and Understand Information Presented	Competency/ Adherence to Standard Demonstrated	Validation Method	Observed by
I. FAMILIARIZATION OF EQUIPMENT					
• Ability to Identify Controls.					
1. Start-Up (power on/power off).					
2. Control Panel, Footswitch, Handswitch:					
- Image Orientation - Save - Swap					
- Field Size - Contrast/Brightness - Low Dose					
- Alarm Reset - Auto Technique - Fast Stop Switches					
- X-Ray On Switch - High Level Fluoro (HLF)					
3. Mechanical Positioning:					
- C-Arm Wheel Brake - Radial Rotation Brake - Orbital Rotation Brake					
- Flip-Flop Rotation Brake - Vertical Column Brake - Vertical Column Switches					
- Wig-Wag Brake					
• Demonstrates the Function of Basic Controls.					
1. Brightness					
2. Contrast					
II. RADIATION PROTECTION					
• Acknowledges the Warning to Avoid High Level Fluoro (HLF) for General Imaging.					
• Demonstrates the Operation of the Alarm Reset Button to Warn the Operator of Excessive Fluoro Time.					
• Demonstrates the Ability to adjust Field Size to Reduce Radiation, Magnify Image and Improve Detail.					
• Acknowledges the International Regulations that Specify that the Minimum Source-Skin Distance Shall be 30cm (12") Except for Special Surgical Applications.					
• Acknowledges the Use of X-Ray Equipment Only in an Appropriate Area of Operation (Designated Exam Rooms).					
II. RADIATION PROTECTION (cont.)					
• Demonstrates the Use of Radiation Protection to Reduce Exposure to Operator, Staff and Patient:					
1. Protective Garments.					
2. Gonadal Shielding.					
3. Time, Distance.					
4. Low Dose/No HLF.					
• Acknowledges the Policy to Wear Personal Dosimetry Monitoring Badges that Detect Excess Radiation Exposure.					
III. EMERGENCY PROCEDURES					
• Acknowledges the Procedure to Remove Power and Unplug Power Cord if Equipment Fails. BioMed Should be Notified and Equipment Red Tagged.					
• Demonstrates Location and Use of Fast Stop Switches. In Case of Emergency, the Switches Will Stop Motorized Mechanical Movement and Disable X-Rays.					

Physician's Name (please print) _____

Physician's Signature _____ Date: _____

Trainer's Signature _____ Date: _____

Associate Administrator/
Administrator Signature _____ Date: _____

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Review Method: Discussion, simulation, lecture, read policy etc.
Able to Recall and understand information: Date and initial
Competency/Adherence to standard: Date as behavior/competency demonstrated
Validation Method: DO: Direct Observation, T: Test score, VF: Verbal feedback, AF: Associate Feedback
Observed by: Signature of observer
