

## Recognized Qualified Expert--Radiation Safety Survey Missouri Radiation Facility--Summary Results Report



Summary results of the survey, required by state rule 19 CSR 20-10.050, must be sent to the Missouri Radiation Control Program (MRCP), the Bureau of Diagnostic Services (BDS). The survey period is determined by facility and equipment classes specified by the MRCP. Survey results should be sent to MRCP by the OE via e-mail to MRCP@health.mo.gov, or Fax at 573-751-6158, or by mail at: MRCP, Missouri Department of Health & Senior Services, PO Box 570, 920 Wildwood, Jefferson City MO 65109. MRCP can be reached by phone at 573-751-6083.

Facility MRCP Registration #		Facility Name				
Facility Physical						
Address Primary Fac	cility Contact				Survey Exit/	
	ey Results)			lo n.	Completion Date	
•	y Type: ent, Periodic by Class)			Survey Data Collection by:		
Survey Direction/	Responsibility [QE]		MO QE#			
indicates the high	est level of concer	n for ANY machin	<u>Exit/Completion:</u> Ne in use at the facilion the Equipment	ty. The same coding	Facility Triage Code (0,1,2,3,NA):	
No additional actic  1: Minor finding( Further action is o  2: Significant find standards. Correct	on(s) recommended at (s): Recommendations ptional. ding(s): Currently the within 30 days of Surv achine should NOT be	t this time.  SONLY, professional:  machine is not in covey Completion.	suggestion(s) to increa	e with applicable profess se quality and/or reduce federal standards, or sig	exposure.	professional
	of Qualified ExpertBy my survey was carried out in a		☐ Electronic Sig	Date of QE Signature		
	and was conducted by me; th appropriate standards. Th ility.		Certifying QE Name:			
				RP standards. Any deviatic		
Facility Equipm	ent Listing of Radia	ation Machine(s)	If total >10, continue listing on 2nd			
Teste	ed as Part of This S	urvey	Tested:		page of workbook	
Machine Location	Machine Type/Usage	Manufacturer	Model	Control Serial Number	Machine Triage Code (0,1,2,3, NA)	Note:

Facility			QE ID	QE ID		QE Survey Date	
	wacnine			Control Serial	QE Survey Date machine Triage Code (0,1,2,3,NA)	N .	
Machine Location	Type/Usage	Manufacturer	Model	Number	Code (0,1,2,3,NA)	Note:	
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