

Assignment Request Form

Assigning Origination

1. Date. <u>1/23/17</u>	2. Name. <u>Clark Eldridge</u>	3. Requesting Organization. <u>ERCX</u>	4. Assignment Number. <u>2017ERCX-002</u>
5. Description of Assignment. <u>Can you arrange an inspection to check on the purported use of x-ray machine referred to in the attached letter? I believe that actual facility in question is the Pre-Trial Detention Facility at 500 E. Adams St. I searched the department's registration database and was only able to find a registration for a baggage screening cabinet machine at that location.</u>			
6. Request Sent to. <u>Paul Pavlick</u>			

Assignment Report

7. Date. <u>24 JAN</u> <u>17</u>	8. Name. <u>pavlick</u>	9. Organization Performing Assignment. <u>HSERIJ</u>
10. Report / Comments. <u>JR 29705</u> <u>Inspected Pre-Trail Detention Facility. Registrant possesses two whole body scanners. Insepection report attached.</u>		
11. List of personnel performing assignment and number of hours for each person. <u>pavlick</u>		
12. Total Hours. <u>6</u>	13. Inspector Number (If Applicable) <u>19</u>	

Supplemental Information

14. Additional Comments. _____	
15. Attachments? Number of attachment Pages: <u>6</u>	16. Registrations, Licenses, or other reports to cross reference. <u>JR 29705</u>

INSPECTION SUMMARY

JR

2	9	7	0	5
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0	0	0
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 Type

I	N
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0	0	1
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		2
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		2
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Tubes registered Tubes present Tubes inspected

REGISTRANT INFORMATION (PHYSICAL LOCATION)

PRE-TRIAL DETENTION FACILITY

Registrant Name
500 E ADAMS ST
Street Address

JACKSONVILLE **FL** **32202** -
City State Zip Code

904-630-5810 **DUVAL**
Phone Number County

BILLING ADDRESS CHANGE TO REGISTRANT INFORMATION

Registrant Name _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ County _____

No violations were found.

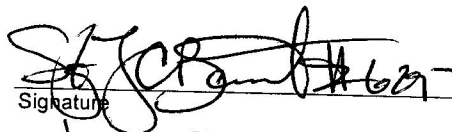
One or more violations have been found. The 2 DH 1407-VC form(s) attached describe the violations. Corrective actions should be taken as soon as possible and documented following the instructions at the top of the form. Submit the completed DH 1407-VC form(s) no later than 90 days from today to:

Bureau of Radiation Control, Radiation Machine Program
4052 Bald Cypress Way, Bin C21, Tallahassee, FL 32399-1741
Phone: (850)245-4888 FAX: (850)617-6442

One or more operator-related violations have been found and are described on the _____ DH 1665 form(s) attached. **All uncertified operators must cease practicing radiologic technology. All inappropriately certified or supervised technologists must cease practicing outside the scope of their certification.** Contact the Radiologic Technology Program Office at the address given on the DH 1665 form(s) regarding corrective actions for these violations.

Questions regarding this inspection should be directed to the Radiation Machine Program Office at the above address or telephone numbers. This inspection was performed in accordance with Chapters 404 and 468, Part IV, Florida Statutes and Rules 64E-3 and 64E-5, Florida Administrative Code. Copies of these texts may be found at www.floridahealth.gov/environmental-health/radiation-control. The signature below indicates the registrant or their representative received these inspection forms and the information on the forms was discussed with them by the inspector.

Registrant (or representative):


Signature _____ Date 01-24-17

JOSHUA BENDOIT
Print Full Name _____ Title SECURITY SERGEANT

OFFICIAL USE ONLY

Inspector Comments	<input type="checkbox"/> Not a Routine Inspection
	<input type="checkbox"/> Partial Inspection

PAVLICK

Inspector Name _____
DH 1407, 06/16 - Report for General and Mammography X-ray Inspections

1	9
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Inspector Number

0	1	2	4	1	7
M	M	D	D	Y	Y

1407-F: Facility (02/15 rev.)

PRE-TRIAL DETENTION FACILITY

Registrant Name _____

JR

2	9	7	0	5
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0	0	0
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Type

I	N
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Type Chart

1. Registration and Records

- A. Facility registration posted 901(1)(e)
- B. Facility registration current 511(2)(a)
- C. Unregistered machine 511(2)(a)
- D. Records maintained 502(1)(b), 504(3)(e), 336, 339, 903
 - Notice to Employees (DOH Form 1081)
 - Control of Radiation Hazard Regulations (64E-5.3, 9)
 - Radiologic Technologist Cert. Act (FAC 64E-3, 468 IV)

2. Personnel

- A. Operator certification current 502(1)(a)2, 468.302(1)(b)
- B. Correct certification category 502(1)(a)2, 468.302(3)
- C. Operator certificate posted 502(1)(a)2, 468.307(3)
- D. Operator supervision 502(1)(a)2, 468.302(1)b, (3)(a), (4)
- E. No certification 502(1)(a)2, 468.302(1)(b)
- F. Hand Held Dental Training 506(5)(f)2
- G. Other 502(1)(a)2

3. Radiation Protection

- A. Radiation protection program 303, 335
- B. Operator/ancillary protection devices 502(1)(a)4b-d,5
- C. Appropriate technique chart posted 502(1)(a)3
- D. Personnel monitoring required 315(1), 506(5)(f)1, 509(2)(e)2

4. Darkroom, Film, Ancillary Equipment

- A. Screens inspected/cleaned 502(3)(b)2
- B. Automatic processor maintained 502(3)(c)
- C. Proper manual development 502(3)(a)4 (Dental)
- D. Developing solutions maintained 502(3)(b)4
- E. Screen/film compatibility 502(1)(a)8a
- F. Darkroom fog test 502(3) (a)1-2,(b)5
- G. Film storage "fog" test 502(3)(b)1
- H. Artifacts 502(3)(d)2
- I. Darkroom access control 502(3)(a)
- J. Expired film 502(3)(b)3

Comments: Advised registrant to please pay registration fees. Advised and provide registrant with DH 1107 for registration of new whole body security scanners. Advised registrant that only detainees can be scanned.

PAVLICK

Inspector Name _____

1	9
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Inspector Number

0	1	2	4	1	7
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M M D D Y Y

1406-NA: Non-Cabinet Analytical (03/08 rev.)

PDRN _____ SECUREPASS _____
 Manufacturer _____ Model _____
 RECEPTON _____ 451
 Room _____ Serial Number _____

JM

2	9	7	0	5			
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 Use

N	S	P
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 UNK _____
 Date of Manufacture _____ Change of Status _____

1. Machine Requirements

- A. Unused ports: on source housing kept closed 701(3)
- B. Labeling: "CAUTION - HIGH INTENSITY X-RAY BEAM" or similar label on source housing 701(4)(a)
- C. Labeling: "CAUTION RADIATION - THIS EQUIPMENT PRODUCES RADIATION WHEN ENERGIZED" or similar near switch 701(4)(b)
- D. "X-RAY ON" Light: or similar warning light at switch, only illuminates when tube energized, fails on 701(6)
- E. Source Housing Leakage: with shutters closed, < 2.5 mrem at 5 cm from any surface of housing 701(7)
- G. Mechanical/electrical in good working condition 430

Comments: Machine located in public reception. Used for scanning visitors. Manufacturer date unknown, no on data plate

2. Safety Requirements

- A. Open-Beam Safety Device: insertion of body part into primary beam not possible 701(1)
- B. Warning Indicators: if controlled at housing, X-ray tube on/off indicated at housing; if controlled at port, shutter open-closed indicated at port 701(2)(a)
- C. Warning Indicators: clearly labeled, fail-safe 701(2)(b),(c)
- D. Shutter Interlock: shutter will not open without collar or collimator 701(5)

3. Area Requirements

- A. Area Surveys: must be less than 2 mrem in an hour, and 100 mrem in a year 702(1)
- B. Area Surveys: performed at installation, annually 702(2)(a)1
- C. Area Surveys: performed after reconfiguration, visible changes or maintenance 702(2)(a)2-5
- D. Area Surveys: performed after change in personnel dose 702(2)(a)6
- E. Area Posting: Area or room posted with radiation symbol and "CAUTION - X-RAY EQUIPMENT" or similar 702(3)

4. Operating Requirements

- A. Operating Procedures: written procedures available 703(1)
- B. Operating Procedures: variations in written procedures approved in writing by RSO 703(1)
- C. Bypass Repair Modify: bypass of safety device/interlock approved in writing by RSO 703(2)
- D. Bypass Repair Modify: "SAFETY DEVICE NOT WORKING" or similar posted on housing 703(2)
- E. Training: operators trained, training meets requirements 704(1)

PAVLICK

Inspector Name

	1	9
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Inspector Number

0	1	2	4	1	7
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M M D D Y Y

Bureau of Radiation Control, Radiation Machine Program
1406-NA: Non-Cabinet Analytical (03/08 rev.)

RDPR _____ SECUREPASS _____
 Manufacturer _____ Model _____
 DETAINEE TRANSFER _____ 452 _____
 Room _____ Serial Number _____

JM

2	9	7	0	5			
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 Use

N	S	P
---	---	---

 UNK _____
 Date of Manufacture _____ Change of Status _____

Comments: Used to scan detainees. Manufacture date unknown, no on data plate.

1. Machine Requirements

- A. Unused ports: on source housing kept closed 701(3)
- B. Labeling: "CAUTION - HIGH INTENSITY X-RAY BEAM" or similar label on source housing 701(4)(a)
- C. Labeling: "CAUTION RADIATION - THIS EQUIPMENT PRODUCES RADIATION WHEN ENERGIZED" or similar near switch 701(4)(b)
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PAVLICK

Inspector Name

	1	9
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Inspector Number

0	1	2	4	1	7
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M M D D Y Y

Bureau of Radiation Control, Radiation Machine Program
VIOLATION CORRECTION FORM

PRE-TRIAL DETENTION FACILITY

Registrant Name

J R 2 9 7 0 5

Manufacturer

Model

Serial Number

Room

INSTRUCTIONS FOR REGISTRANT: All violations should be corrected as soon as possible but no later than 90 days after the date below. The individual correction the violation must explain what was done and sign and date the form. If the violation requires a repair to the machine it must be performed by a service company registered with the Bureau. This service company must enter their name and vendor number in the spaces provided. Keep a copy of this form for your records. Put your registration number (JR/JM) on any attachments. Mail or FAX the completed form to:

**Bureau of Radiation Control, Radiation Machine Program
 4052 Bald Cypress Way, Bin C21, Tallahassee, FL 32399-1741
 Phone: (850)245-4888 FAX: (850)617-6442**

Violation code: 1B; Explanation: Facility registration is not current.

Description of corrective action:

V

Vendor #

Vendor #

Name of service company

Date corrected

Name of person completing violation

Violation code: 1C; Explanation: The facility did not report x-ray system changes to the Bureau. DOH form 1107 needs to be attached to this violation correction form and submitted to the Bureau.

Description of corrective action:

V

Vendor #

Vendor #

Name of service company

Date corrected

Name of person completing violation

PAVLICK

Inspector Name

1 9

Inspector Number

0 1 2 4 1 7

M M D D Y Y

Bureau of Radiation Control, Radiation Machine Program
VIOLATION CORRECTION FORM

PRE-TRIAL DETENTION FACILITY

Registrant Name

J R 2 9 7 0 5

Manufacturer

Model

Serial Number

Room

INSTRUCTIONS FOR REGISTRANT: All violations should be corrected as soon as possible but no later than 90 days after the date below. The individual correction the violation must explain what was done and sign and date the form. If the violation requires a repair to the machine it must be performed by a service company registered with the Bureau. This service company must enter their name and vendor number in the spaces provided. Keep a copy of this form for your records. Put your registration number (JR/JM) on any attachments. Mail or FAX the completed form to:

Bureau of Radiation Control, Radiation Machine Program
4052 Bald Cypress Way, Bin C21, Tallahassee, FL 32399-1741
Phone: (850)245-4888 FAX: (850)617-6442

Violation code: _____; Explanation: Scanning is performed on humans that are not legal detainees.

Description of corrective action: _____

V

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 Vendor # Name of service company Date corrected Name of person completing violation

Violation code: _____; Explanation: _____

Description of corrective action: _____

V

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 Vendor # Name of service company Date corrected Name of person completing violation

PAVLICK

Inspector Name

	1	9
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Inspector Number

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