**NON-MEDICAL X-RAY QUARTERLY SAFETY CHECK**

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| **Name of Owner/Operator** | **Make/Model** | **Serial Number** | **Location** |
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| **Date** | **Check of all safety devices: interlocks, shutters, warning lights, etc.** | | | **Name of Individual Performing Safety Check** |
| **Satisfactory** | **Unsatisfactory** | **Brief description of problem and resolution** |
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