

Ohio Department of Health
CRE QA Annual Audit Report Form
Radiologic Technology Section

The Certified Radiation Expert (CRE) shall submit one complete audit report of the Quality Assurance (QA) program for each individual hospital registration. All radiation service categories provided by the CRE for the hospital may be included in one report.

Registrant Name		Registration Number _____ - _____ - _____ - _____
Mailing Address		Telephone
City	State	ZIP

Name of CRE: _____ CRE# _____
Last name First name Middle name

Audit(s) performed by CRE:

- Diagnostic, Other Than Mammography
- Mammography
- Therapeutic

Name of the Individual Responsible for Radiation Protection:

_____ Last name First name Middle name

Date of last Audit Report: _____

Date this Audit Report was completed: _____

Date this Annual Audit was sent to the QA committee members: _____
 (Must be submitted to the QA committee members within 30 days of completion)

Date this Annual Audit was submitted to the Ohio Department of Health (ODH): _____
 (Must be submitted to the ODH within 90 days of completion) **Note: The annual audit may be submitted to ODH while still under QA committee review).**

The QA program for this facility was reviewed according to the requirements of Rule 3701:1-66-04(C)(6) of the Ohio Administrative Code (OAC), as follows (check all that apply):

- The QA program properly addresses all matters described in 3701:1-66-04 of the OAC.
- Attached written report of specific audit findings that demonstrate how the written QA program does not properly address all matters described in Rule 3701:1-66-04 of the OAC.
- Attached written report of specific audit findings that demonstrate how the facility activities are not being carried out in accordance with the written QA program.
- Attached written report of specific corrective actions which must be taken in order for the facility to comply with the requirements of Chapter 3701:1-38, Chapter 3701:1-66 and 3701:1-67 of the OAC.
- Attach the CRE's method of steps for determining the adequacy of the QA program.

THE FOLLOWING DOCUMENTS MUST BE ATTACHED:

1. Summary of annual radiation-generating equipment performance evaluations that identified problems requiring corrective action including documentation of corrective action.
2. Post survey evaluations of shielding and surroundings conducted during this audit period.
3. Summary of new and revised policies and procedures instituted during this audit period.
4. Summary report of personnel monitoring showing individuals exceeding ALARA or state limits.
5. Summaries of reportable radiation safety incidents and sentinel events reported in accordance with The Joint Commission.
6. Any recommendations of corrective action to comply with the OAC submitted to the QA committee members during this audit period.

I, THE CERTIFIED RADIATION EXPERT IN _____
Certification Category(s)

HEREBY ATTEST THAT: ALL THE ABOVE INFORMATION INDICATED OR ATTACHED IS TRUE AND ACCURATE:

Signature of CRE Date

AN ANNUAL AUDIT NOT SIGNED BY THE CRE WILL BE CONSIDERED INCOMPLETE AND RETURNED TO THE CRE.

Complete and return this form to: Ohio Department of Health
Radiologic Technology Section
246 North High Street
Columbus, Ohio 43215