Oregon Board of Medical Imaging
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Portland, OR 97232-2162
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Website: http://www.oregon.gov/OBMI
Email Your Completed Form To:
Obmi.Info@OBMI.oregon.gov

Name: _____
First Middle Last

Oregon PA License No. _____

Evaluator's Printed Name: _____

Title: _____

Facility Name: _____

Date: _____

Fluoroscopic - Device Orientation Checklist
Physician Assistant Limited Permit

Prior to performing an initial patient exam, physician assistants are required to document they can manipulate the fluoroscopic device in a safe and proper manner. Evaluators are to date and initial each item when satisfactorily completed.

The following are permitted to be evaluators: ***Radiologist, RPA, RRA****, and* ***RT****.*

Evaluation must be completed within 18 months of application date.

Equipment Manufacturer & Model _____

Attach Any Supporting Statements, Documents, Certificates, etc.

Date & Evaluator Initials	
_____	**1.) Perform a visual safety check.**
_____	**2.) Confirm control panel exposure settings.**
_____	**3.) Set a manual technique.**
_____	**4.) Enter patient identification.**
_____	**5.) Demonstrate the full range of fluoro tower movement.**
_____	**6.) Demonstrate full range of fluoro table movement.**
_____	**7.) Adjust position of the fluoro grid device.**
_____	**8.) Apply patient footboard and shoulder restraints.**
_____	**9.) Store and recall images.**
_____	**10.) Produce hard copies and load cassettes.**
_____	**11.) Operate exposure switch(es) (live fluoro or DR store).**
_____	**12.) Collimate fluoro field.**
_____	**13.) Change the field of view size.**
_____	**14.) Reset the fluoro timer.**
_____	**15.) Switch programs and dose settings.**
_____	**16.) Rotate and flip images.**
_____	**17.) Hook up and turn on the C-Arm.**
_____	**18.) Locate and manipulate locks, rotate the arm and steer the C-Arm and monitor.**