INSPECTION FORMAT

Medical Radiology and Imaging Technology College

(As per NCAHP Minimum Standard Requirements - MSR)

1. General Information

Particular	Details
Name of Institution	
Address	
Management	Government / Private / Trust / Society
Programme Offered	BMRIT / MMRIT
Intake Approved	
Principal/Dean	
Contact Details	
Date of Inspection	

2. Statutory Approvals

Document	Required	Verified	Validity	Remarks
University Affiliation	✓			
NCAHP/State Permission	✓			
Trust Registration	✓			
Fire NOC	✓			
Biomedical Waste Authorization	✓			
AERB Licence (each imaging unit)	✓			
Radiation Safety Officer (RSO) Approval	✓			
QA/QC Programme Records	✓			

3. HOSPITAL / CLINICAL TRAINING FACILITY

A. Teaching Hospital

Requirement	Standard	Available	Compliance
Own Teaching Hospital	Yes / No		
Attached Hospital through MoU	Yes / No		
Valid MoU	Mandatory (for standalone institution)		
Medical College / Hospital Tie-up	Available		
Clinical Supervision by Qualified Staff	Mandatory		

B. Clinical Exposure

Requirement	Standard	Actual	Remarks
Minimum imaging investigations per day	**100**		
X-ray Services	Available		
CT Services	Available		
MRI Services	Available		
Advanced Imaging Exposure	Available		

4. RADIOLOGY DEPARTMENT INFRASTRUCTURE

A. Room-wise Inspection

Room	Required	Room No.	Area	Compliance	Remarks
Reception	Yes				
Waiting Area	Yes				
X-ray Room	Yes				
CT Room	Yes				
MRI Suite	Yes				
Ultrasound Room	Yes				
Mammography Room	Yes				
Reporting Room	Yes				
Film/CR/DR Processing Area	Yes				
Patient Changing Room	Yes				
Equipment Control Room	Yes				
Radiation Safety Store	Yes				

B. Imaging Equipment Verification

Equipment	Qty Required	Qty Available	Functional	AERB Registration	QA/QC Done	Remarks
Conventional X-ray Unit	1					
Mobile X-ray Unit	1					
Fluoroscopy Unit	1					
Ultrasound Scanner	1			NA		
Colour Doppler	1			NA		
CT Scanner	1					
MRI Scanner	1					
Mammography Unit	1					
DSA Unit (if available)	1					

5. RADIATION SAFETY

Radiation Protection

Requirement	Required	Available	Compliance	Remarks
Lead Aprons				
Thyroid Shields				
Gonadal Shields				
Lead Gloves				
Mobile Lead Screens				
Lead Glass Viewing Window				
Radiation Warning Lights				
Radiation Hazard Signage				
Emergency Shut-off				

Personnel Monitoring

Requirement	Available	Remarks
TLD Badge for Faculty		
TLD Badge for Students		
TLD Monitoring Reports		
Radiation Dose Register		
Pregnancy Radiation Policy		

Equipment Quality Assurance

Requirement	Frequency	Last Date	Next Due	Compliance
X-ray QA Test	Annual			
CT QA Test	Annual			
MRI QA Test	Annual			
AERB Inspection	As Applicable			

6. TEACHING FACILITIES

Requirement	Available	Remarks
Lecture Hall		
Tutorial Room		
Seminar Hall		
Skills Laboratory		
Demonstration Room		
Audio-Visual Teaching Aids		
Smart Classroom		
Internet Facility		

7. LIBRARY

Requirement	Standard	Available	Compliance
Subject Textbooks	Adequate		
Reference Books	Adequate		
National Journals	Available		
International Journals	Available		
Digital Library	Available		
Internet Access	Available		

8. FACULTY

Designation	Required	Available	Deficiency
Professor	**1**		
Associate Professor	**1**		
Assistant Professor	**3**		
Demonstrator/Tutor	**2**		

9. STUDENT CLINICAL TRAINING

Requirement	Standard	Compliance	Remarks
Clinical Rotation Schedule	Available		
Internship Programme	Available		
Supervised Clinical Training	Available		
Logbook Maintained	Yes		
Competency Assessment	Yes		

10. DOCUMENT VERIFICATION

Record	Verified	Remarks
AERB Licence File		
QA/QC Reports		
Equipment Maintenance Register		
Preventive Maintenance Schedule		
Radiation Dose Register		
Faculty Service Books		
Student Attendance Register		
Clinical Posting Register		
Internship Logbooks		
Equipment Stock Register		

11. FINAL COMPLIANCE SUMMARY

Component	Complied	Not Complied	Remarks
Statutory Approvals	□	□	
Hospital & Clinical Training	□	□	
Imaging Equipment	□	□	
Teaching Facilities	□	□	
Library	□	□	
Faculty	□	□	
Radiation Safety	□	□	
Student Training	□	□	

FINAL RECOMMENDATION

☐ Suitable for Recognition

☐ Suitable after Compliance

☐ Not Suitable

Inspection Committee

Name	Signature

Principal/Director (Acknowledgement): _____

Date: _____

College Seal