| Radiation Equipment Shift Checklist Date | YES | NO |
|--|-----|----|
| All radiation/X-ray signs in place and properly displayed? | | |
| All curtains/flaps in place? | | |
| Electrical cord has not been cut, frayed, or spliced? | | |
| Log book and POST orders present? | | |
| The machine is in its proper location and had not been moved or disturbed? | | |
| Radiation Equipment Shift Checklist Date | | |
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