NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Attachment 1

Form NRH-6
Effective Date: November 04, 2020

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
X-RAY PROGRAM

DENTAL INTERIM INSPECTION FORM

Registration Number: _____ **Date:** _____

Name: _____

Address: _____ **City, State, Zip:** _____

_____ _____

Phone Number: _____

Email: _____ **Fax Number:** _____

- Complete this form and return it to this Department by the date specified in the enclosed letter.
- Submit copies of the most recent equipment performance evaluation results for each dental radiation generating equipment.

1.	Yes ☐	No ☐	Has your registration of radiation generating equipment expired? (180 NAC 2)
2.	Yes ☐	No ☐	Is all operable dental radiation generating equipment at this facility properly registered? (180 NAC 2)
3.	Yes ☐	No ☐	Has your service provider performed equipment performance evaluations on all dental radiation equipment at the facility at the required five year interval? (180 NAC 6-004.07)

Comments:

Form Completed by: _____ Date _____

- Please retain a copy of this completed inspection form for your records