



# Relocation Assessment Evidence Submission for Distance Review

Facility name: \_\_\_\_\_





# Relocation Assessment Evidence Submission for Distance Review

Facility name: \_\_\_\_\_

## PATIENT SAFETY

Criteria and descriptors  
Note: M indicates mandatory.

# Relocation Assessment Evidence Submission for Distance Review

Facility name: \_\_\_\_\_

## EQUIPMENT AND SUPPLIES

Criteria and descriptors

Note:

# Relocation Assessment Evidence Submission for Distance Review Continued

Facility name: \_\_\_\_\_

RADIATION SAFETY			
Criteria and descriptors Note: M indicates mandatory.	Guidance for evidence submission	Evidence attached	Not

# Relocation Assessment Evidence Submission for Distance Review









# Relocation Assessment Evidence Submission for Distance Review

Facility name: \_\_\_\_\_

ECHOCARDIOGRAPHY

# Relocation Assessment Evidence Submission for Distance Review

Facility name: \_\_\_\_\_

CO51e3BTBÀ(0)3.1-(0)3D of PhyB6GR4E07VR\$@TANù" @vpB NA€ WIR NA€ Q4 9.964Tw 2 n2836 48/CS6807.6 706.32 12.24 re W 4 BT 1 scn /T490S

# Relocation Assessment Evidence Submission for Distance Review

Facility name: \_\_\_\_\_

## MAGNETIC RESONANCE IMAGING

Criteria and descriptors

Note: M indicates mandatory.

Guidance for  
evidence submission

Evidence

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MAGNETIC SAFETY								
Criteria and descriptors Note: M indicates mandatory.			Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain	
MRS1.1	Individuals knowledgeable in MRI safety are involved in planning and review of facility design plans for a new MRI installation.		Facility floor plan showing all four zones.					
	MRS1.1.1	M		Any new facility has incorporated the ACR 4 Zone Configuration into their design plans.				
MRS4.3	Education is provided to:		MR Safety training records for non-MRI personnel that may enter Zone 3 or 4.					
	MRS4.3.1	M		x Housekeeping staff				
	MRS4.3.2	M		x Municipal emergency response staff				
	MRS4.3.3	M		x Security staff				

# Relocation Assessment Evidence Submission for Distance Review

Facility name: \_\_\_\_\_

NUCLEAR MEDICINE				
Criteria and descriptors Note: M indicates mandatory.	Guidance for evidence submission	Evidence attached	Not applicable	No evidence

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Facility name: \_\_\_\_\_

## NUCLEAR MEDICINE

Criteria and descriptors  
Note: M indicates mandatory.

Guidance for  
evidence submission



# Relocation Assessment Evidence Submission for Distance Review

Facility name: \_\_\_\_\_

BONE DENSITOMETRY					
Criteria and descriptors Note: M indicates mandatory.	Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain

