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Radiology Checklist

Sr. No.	Objective Element	Requirements	Yes	No
1	AAC.6.a	Are statutory requirements complied with including valid AERB license, RSO availability, dosimeters, lead aprons/shields, radiation signage, and required display under PC-PNDT Act?		
2	AAC.6.b	Are radiology services available as per defined scope of services (in-house or outsourced), including imaging modalities required for emergency management?		
3	AAC.6.b	Are radiology services available round the clock where required, particularly for emergency care?		
4	AAC.6.b	Are qualified radiologists and technical personnel available, with documented qualification and training records maintained in staff files?		
5	AAC.6.c	Is there a documented policy defining turnaround time (TAT) for all imaging modalities based on nature, urgency, and criticality of investigation?		
6	AAC.6.c	Are critical results defined for each imaging modality and documented accordingly?		
7	AAC.6.c	Is there documented evidence of communication of critical results within one hour, including patient name, UHID, date & time of request, test name, result, identity of operator and recipient, read-back confirmation, and date & time of acknowledgement?		
8	AAC.6.c	In case of EHR reporting, does the system-generated report supplement the physical documentation of critical result communication?		
9	AAC.6.c	Are critical results from outsourced imaging services communicated and documented appropriately?		
10	AAC.6.c	Do radiology reports include name of organization, patient name, UHID, and name and signature of reporting radiologist?		
11	AAC.6.c	In teleradiology, is the name of the reporting doctor clearly mentioned with appropriate remark?		
12	AAC.6.c	Are outsourced centre reports issued without modification and containing all required reporting elements?		
13	AAC.6.d	Is there documented evidence of patient screening (e.g., pregnancy screening, MRI safety screening for metallic/magnetic substances)?		
14	AAC.6.d	Is informed consent obtained and documented for contrast administration, moderate/deep sedation, interventional procedures, and high-risk imaging?		
15	AAC.6.d	Is there evidence that staff, patients, and attendants wear appropriate radiation protection devices (lead aprons, shields), and are adequate numbers available?		
16	AAC.6.d	Are TLD badges provided to all radiation-exposed personnel (radiologists, radiographers, OT staff using C-Arm), with monitoring records maintained?		
17	AAC.6.d	Are radiation monitoring devices tested as per national guidelines, with records of test results maintained and images/reports stored physically or electronically?		
18	AAC.6.d	Is corrective and preventive action (CAPA) documented for deviations in radiation monitoring results?		
19	AAC.6.e	Is there a documented Quality Assurance Programme addressing equipment performance, protocols, surveillance, safety, and compliance with AERB requirements?		
20	AAC.6.e	Are imaging equipment performance tests (e.g., focal spot size, output consistency, leakage rate) conducted at defined intervals?		
21	AAC.6.e	Are calibration and preventive maintenance of all imaging equipment conducted as per manufacturer and statutory requirements?		
22	AAC.6.e	Is peer review conducted for at least 1% of imaging cases with documented CAPA where applicable?		
23	AAC.6.f	Is there a written policy for outsourced imaging services including list of outsourced tests, identified personnel for safe transportation, performance monitoring methodology, defined TAT for emergency and routine requests, and MOU incorporating quality assurance requirements?		
24	HRM.2.c	Is training provided and documented for staff on new imaging equipment prior to independent use?		
25	HRM.2.c	Is staff training aligned with specific job descriptions and competency requirements?		

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