



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
DENTAL FACILITY GENERAL INFORMATION FORM**

Reg. # \_\_\_\_\_  
Survey Date \_\_\_\_\_

Facility Name \_\_\_\_\_

Legal Name/ Corporate Name \_\_\_\_\_

Person Responsible for Business Operation \_\_\_\_\_  
(Ex. Owner, CEO, COO, President, Agent, etc.)

Site Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Office E-Mail Address \_\_\_\_\_

Billing Contact \_\_\_\_\_ Title \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Person Contacted \_\_\_\_\_ Title \_\_\_\_\_

Radiation Safety Officer \_\_\_\_\_ Email Address \_\_\_\_\_

**DOCTORS AT FACILITY\***

Name	Title	License #	Expiration Date

**X-RAY MACHINE OPERATORS \***

Name & Title	Name & Title	Name & Title

**\*Use additional pages as needed.**

By my signature, I certify that all x-ray machine operators in my office meet the requirements of the *South Carolina Dental Practice Act* regarding the receipt of training in radiographic safety from a Board-approved certification program. See S.C. Code Ann. Regs. 39-16. Accordingly, such individuals are exempt from the requirements of RHB 4.2.2.1 through 4.2.2.6 in Regulation 61-64. See S.C. Code Ann. Regs. 61-64 RHB 4.2.2.8.

I have read and understand Section 1.12.2 of Regulation 61-64, X-rays (Title B) which states "It shall be unlawful to make a material false statement to the Department regarding information contained in the application for registration, information pertaining to an inspection, or any other information required by any provision of these regulations." I understand making a material false statement will result in enforcement action and civil penalties.

Dentist Name: \_\_\_\_\_ Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUREAU OF RADIOLOGICAL HEALTH**  
**Dental General Information Form**

**PURPOSE:**

This form is completed by the facility at the time of inspection to collect current information.

**ITEM BY ITEM INSTRUCTIONS:**

Reg. # – Facility's Registration Number. Will be completed by the inspector.

Survey Date – Self-explanatory. Will be completed by the inspector.

Facility Name – Self-explanatory.

Legal Name/ Corporate Name – Give the legal name or the corporate name as listed with the **South Carolina Secretary of State's** Office.

Person Responsible for Business Operation – Person with ultimate responsibility for overall business operation.

Site Address – Give the address where the facility is physically located, if different from the mailing address.

Mailing Address – Give the Street, City, State, Zip Code.

Phone – Self-explanatory.

Fax – Self-explanatory.

Office E-mail – Self-explanatory.

Billing Contact – Person responsible for the facility's bills.

Billing Address – Give the address where the facility bills to, if different from the mailing address.

Person Contacted – Person contacted during the inspection.

Radiation Safety Officer – Person responsible for the facility's x-ray program.

Email Address – radiation Safety Officer's email address.

Doctors at the facility – Give the name, Title, SC license number and expiration date of each doctor practicing at this facility. (Use additional pages as needed.)

X-ray Machine Operators – Indicate the name and title of each operator. (Use additional pages as needed.)

Printed name and signature of dentist certifies both that all x-ray machine operators meet the requirements of the South Carolina Dental Practice Act and comprehension of the material false statement.

**OFFICE MECHANICS AND FILING:**

After completion, the form will be collected at the time of inspection and maintained by the Department in the facility's file. This form follows the Division of Electronic Products retention schedule(s). The retention schedule series for this form is 11908- X-Ray Files