


Your Radiation Facility -Veterinarian registration, number XF600653, is enclosed. This registration will expire on 03/29/2024. If you have any questions, please call Medical Radiology Services at 317/233-4943 or e-mail radiology@isdh.in.gov.

ADDRESS/OWNERSHIP CHANGE - It is your responsibility to notify the Indiana Department of Health, in writing, of any change of address or ownership. This registration becomes void upon changes in location and/or ownership.



Indiana Department of Health
2 North Meridian Street, Section 4S
Indianapolis, IN 46204 (317) 233-7147


Radiation Machine Facility Registration

License Number	Expiration Date	License Status
XF600653	03/29/2024	Active

Soarin' Hawk Raptor Rehab, Inc.
17688 Lima Road
Huntertown IN 46748

STATE FORM 4962 (03/10)

Please retain this reference card so that you will have the Program address, telephone number, and your Certificate number available should you need to contact the Program office.



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Kristina Box, MD, FACOG
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State Health Commissioner
Indiana Department of Health

* REMOVE AT PERFORATION *



FACILITY REPORT
 State Form 27791 (R5 / 5-17)
 INDIANA STATE DEPARTMENT OF HEALTH
 MEDICAL RADIOLOGY SERVICES

*2022 State X-Ray Inspection
 (keep until March 2026)*

Facility registration number New		Name of facility Soarin' Hawk Raptor Rehab, Inc.	
Address of facility (number and street, city, state, and ZIP code) 17688 Lima Road			
County Allen	Telephone number (260) 241-0134	Name of practitioner N/A	
Date of survey (month, day, year) 3/30/22	Type of survey (check one) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Reinspection		
Number of machines at facility 1	Number of tubes 1	Number of operators 0	
List names of licensed operators, students, and other people taking x-rays at the facility. Please include license / permit number and expiration dates. (Use comment page, if necessary.)			
Type and number of machines at the facility:			
<input type="checkbox"/> Bone density _____	<input type="checkbox"/> Panoramic _____	<input type="checkbox"/> Hand held dental _____	<input type="checkbox"/> Chiropractic _____
<input type="checkbox"/> Therapy _____	<input type="checkbox"/> Mammography _____	<input type="checkbox"/> Portable / mobile _____	<input type="checkbox"/> Podiatric _____
<input type="checkbox"/> Computerized Tomography (CT) _____	<input checked="" type="checkbox"/> Veterinary 1	<input type="checkbox"/> Therapy simulator _____	<input type="checkbox"/> Fluoroscopic _____
	<input type="checkbox"/> Dental intraoral _____	<input type="checkbox"/> Stationary radiographic _____	<input type="checkbox"/> Other _____
Satisfactory badge records X	Unsatisfactory badge records	Not applicable	

GENERAL INFORMATION REPORT

	Yes	No
1. A current Facility Registration Certificate from the ISDH is posted in the office.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. A current Notice of Compliance is posted in the office and at the control panel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Written safety procedures and rules are provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Gonadal shielding is available for both patients and ancillary staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RECORD MAINTENANCE

	Present	Not Present
<i>These records will be available for review in facilities built after 1985:</i>		
1. Model and serial numbers of all Certified components	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Plan review of the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Records of surveys and calibration, maintenance, and modification	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>In addition, the following records will be available in facilities built after 1993:</i>		
4. Safety survey for new / modified facilities after 1993	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Signature of physicist / inspector <i>Thomas A. Schumacher</i>	Date (month, day, year) 3/30/22
Printed name of physicist / inspector Thomas A. Schumacher, MS, CHP	Physicist / inspector number 205



VETERINARY MACHINE INSPECTION

State Form 45709 (R2 / 5-12)
 INDIANA STATE DEPARTMENT OF HEALTH
 MEDICAL RADIOLOGY SERVICES

NOTE: Veterinary units also must meet requirements of 410 IAC 5-6.1-120 (Fluoroscopic machines) and 410 IAC 5-6.1-124 (Therapeutic X-Ray machines operating at less than one MeV).

Facility registration number new		Name of facility Soarin' Hawk Raptor Rehab, Inc.	
Date of inspection (month, day, year) 3/29/22	Date of last inspection (month, day, year) new	Machine identification (check one) <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Non-certified <input type="checkbox"/> Mixed	
Check to add this machine <input checked="" type="checkbox"/>	Check to delete this machine <input type="checkbox"/>	Name of new owner (if applicable)	
Machine number 1A	Machine design (use codes) 12	Location within facility ICU	Manufacturer X-Cel
Model number P700M A/C	Serial number 1220136	Means of beam collimation (check one) <input checked="" type="checkbox"/> Adjustable <input type="checkbox"/> Cone <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/> None	
Maximum machine rating (kVp) 70	Maximum machine rating (mA/mAs) 15	Utilization mode <input checked="" type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> P	
Date of manufacture (month, year) 7/88	Date of installation (month, year) 3/22	Date of installation (month, year) 3/22	
Exposure switch arrangement on cord? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, length of cord (feet) 12	

Explain all Unsatisfactory or Not Applicable answers on SF 47602, Comment Page.	Satisfactory	Unsatisfactory	Not Applicable
Exposure at operator's position	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective shielding available for personnel used to hold animals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique chart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure terminated at preset time, mAs, exposure, pulses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure at zero time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exposure when "off"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total filtration permanently in useful beam	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray aligned to area of clinical interest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube housing of diagnostic type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead man switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of physicist / inspector <i>Thomas A. Schumacher</i>	Date (month, day, year) 3/29/22
Printed name of physicist / inspector Thomas A. Schumacher, MS, CHP	Physicist / inspector number 205



**Radiation Physics
Consulting**

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Indianapolis, IN 46220-1051
radphysics@msn.com

March 31, 2022

Soarin' Hawk Raptor Rehab, Inc.
17688 Lima Rd.
Huntertown, IN 46748
Attn: Michael Dobbs, Treasurer

Dear Mike,

Thanks again for the opportunity to perform last week's facility safety survey and state machine compliance inspections on your new X-ray equipment at your rehab center. The machine was in good working order and conformed to all state regulations.

The safety survey showed an excellent setup for imaging work in the ICU, with minimal scatter surrounding your imaging table.

During our visit we affixed a compliance sticker on your X-ray unit; enclosed are copies of the survey information. Keep this report, along with the previous cycle's report (*i.e., the last two at any given time*), on file for possible inspection by state personnel.

We have forwarded your survey results to the Indiana State Department of Health's Medical Radiology Services Division. They will send you a new blue registration certificate and a new yellow compliance certificate for your equipment.

The current inspection frequency for veterinary X-ray equipment is every two years; your next required survey will be due in **March 2024**. We will contact you several weeks before your due date to schedule the resurvey. However, if you obtain any new or used equipment, the State of Indiana requires that they be surveyed for regulatory compliance before being used. Please contact us if this situation occurs before then.

Best of luck with your imaging operations at the center. If you have any questions, feel free to call or e-mail us.

Sincerely,

Good luck! Tom

Thomas A. Schumacher, CHP

Thomas A. Schumacher, MS, CHP
Diplomate American Board of Health Physics

Enclosures: Inspection Report

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