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Diagnostic Imaging Services Inspection Checklist - Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES				
5.5.	Interventional imaging should only be performed in a hospital-based setting, or could also be performed in a standalone diagnostic centre.				
5.10.2.	Install and operate equipment required for provision of the proposed services in accordance to the manufacturer's specifications.				
5.10.3.	Display appropriate signage with the type of service and working hours, clearly visible at the entrance of health facility.				
5.11.	The health facility shall ensure it has in place adequate lighting and utilities, including the following:				
5.11.1.	Temperature controls.				
5.11.2.	Water taps, sinks and drains.				
5.11.3.	Medical gases.				
5.11.4.	Lighting.				
5.11.5.	Electrical outlets.				
5.11.6.	Communications.				
5.17.	The health facility shall have a radiation protection and safety program tailor made for the facility's practice that addresses present and potential safety risks and hazards.				
5.19.	The radiation safety program requirements include:				

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a.	A register shall be kept on the safe disposal of all radioactive waste.				
5.22.	The health facility providing diagnostic imaging services should follow the DHA Emergency Medication Policy aligning with the health facility's scope and based on patient needs.				
6	STANDARD TWO: HEALTH FACILITY REQUIREMENTS				
6.2.	The health facility shall install and operate equipment required for provision of the proposed services in accordance to the manufacturer's specifications, and according to the technical advice delivered by the FANR registered or licenses service provider contracted with the facility.				
6.4.	The facility shall maintain fire extinguishers and fire protection equipment and devices as per the Dubai Civil Defence requirements.				
6.5.	The health facility shall maintain documented evidence of the following:				
6.5.1.	Transfer of critical or complicated cases when required.				
6.5.2.	Patient discharge.				
6.5.3.	Performed diagnostic protocols with information sufficient to reconstruct and estimate each dose received by a patient during imaging.				
6.5.4.	Hazard Vulnerability Analysis.				
6.5.5.	Fire Safety, emergency plans, security,				
6.5.6.	Equipment maintenance services.				
6.5.7.	Laundry services.				
6.5.8.	Medical waste management as per Dubai Municipality (DM) requirements (if required).				
6.5.9.	Housekeeping services.				
6.7.	For anaesthesia care provision the following equipment shall be provided:				
6.7.1.	Reliable oxygen source with back up tank.				

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6.7.2.	Airway equipment: appropriately sized oral airways, endotracheal tubes, laryngoscopes, normal masks and laryngeal masks.				
6.7.3.	Defibrillator				
6.7.4.	Double tourniquets if the practice performs Bier blocks				
6.7.5.	Pulse oximeter				
6.7.6.	Electrocardiographic (ECG) monitor				
6.7.7.	Temperature monitoring system for procedures lasting more than 30 minutes				
6.7.8.	Blood pressure apparatus with different size cuffs				
6.7.9.	Suction apparatus				
6.7.10.	Emergency crash cart				
6.8.	List of emergency medical equipment required in the diagnostic imaging service provider:				
6.8.1.	Defibrillator				
6.8.2.	Emergency Cart with Emergency medicines				
6.8.3.	Resuscitation Kit + Cardiac board + Oral airways				
6.8.4.	Diagnostic set				
6.8.5.	Patient trolley with IV stand				
6.8.6.	Nebulizer				
6.8.7.	Refrigerator for medication storage				
6.10.	Outsourcing Diagnostic Imaging Services requirements:				
6.10.1.	Diagnostic imaging services and/or reporting and interpreting services shall be provided within the Diagnostic imaging premises, or by written agreement with outside provider.				
6.10.2.	Outsourced diagnostic imaging services provider shall be convenient for the patient to access, and reports are received in a timely way that supports continuity of care.				
6.10.3.	The outsourced facility shall meet the following:				
a.	A contractual agreement (or similar) shall be available.				

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7 STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS					
7.1.	All healthcare professionals shall hold an active DHA professional license and work within their scope of practice.				
7.2.	The health facility management shall ensure that availability of appropriate and sufficient numbers of healthcare professionals on duty to plan, supervise and perform the diagnostic imaging procedures.				
7.3.	In Standalone Diagnostic Imaging Centres, must have the following DHA licensed healthcare professionals:				
7.3.1.	At least one full time Consultant/Specialist radiologist shall be available to supervise and manage the diagnostic imaging services provided.				
7.3.2.	At least one full time radiographer shall be in the facility.				
7.3.3.	If mammography services provided, a full-time female radiographer must be available.				
7.3.4.	If diagnostic imaging with contrast media use is provided in the facility, at least one full time Registered Nurses (RN) on duty to provide and supervise patient care during contrast provision.				
7.4.	In Outpatient Care facilities must have the following DHA licensed healthcare professionals:				
7.4.1.	If only Ultrasound and/or Conventional Radiography service available, at least one licensed Consultant/Specialist Radiologist must supervise the services on part time or full-time basis and at least one full time DHA licensed radiographer.				
7.4.2.	Where CT/MRI services are provided in Outpatient Care facilities, the following shall be met:				
a.	At least one licensed Consultant/Specialist Radiologist must be available to supervise the services on full time basis and to provide reports.				

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b.	At least one full time licensed radiographer with training in CT/MRI must be available in the facility to provide and assist in the services provision.				
c.	A Registered Nurse (RN) or a physician with contrast media administration competencies (if provided).				
7.5.	MRI safety training shall be provided to all healthcare professionals and staff involved in patient management inside the MRI area.				
7.6.	At least one licensed healthcare professionals (Radiologist/radiographer) must maintain valid training/certification in basic Cardiopulmonary Resuscitation (CPR) or Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS).				
7.8.	A designated healthcare professional as “radiation safety officer” shall be responsible for radiation safety program in the facility.				
7.9.	If Mobile Radiology Services such as Ultrasounds, Mammography, healthcare professional’s allocation shall meet the following:				
7.9.1.	At least one licensed Consultant/Specialist Radiologist must be available onsite to supervise the mobile services, to discuss radiological findings and provide reports.				
7.9.2.	At least one licensed radiographer shall be available to assist in the diagnostic mobile services provision (excluding ultrasound services).				
7.9.3.	If mammography provided as mobile services, the licensed radiographer must be a female radiographer.				
7.9.4.	The reporting of mobile radiology reports shall be conducted by licensed radiologist.				
7.9.5.	Radiation protection shall meet FANR requirements; the mobile unit shall be licensed by FANR.				

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7.10.	Some diagnostic procedures require administration of light, moderate sedation or even general anaesthesia, such procedures necessitate close monitoring.				
7.10.1.	Anaesthesia procedures shall be conducted only in hospital based diagnostic imaging facility.				
7.11.	Consultant/Specialist anaesthetist licensed by DHA shall be available during the provision of anaesthetic care.				
7.11.1.	Registered Nurse (RN) assisting in the anaesthetic care shall be competent in:				
a.	Insertion of Intravenous (IV) lines.				
b.	Assessment and monitoring patients under sedation.				
c.	Pain assessment and management.				
d.	Medicine preparation and administration which includes understanding of pharmacology of the agents that are administered, as well as the role of pharmacological antagonists for opioids and benzodiazepines.				
7.11.2.	Physicians and nurses providing anaesthetic care shall hold an active Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) training if dealing with adults or Paediatric Advanced Life Support (PALS) if dealing with children.				
7.12.	Pregnant healthcare professionals may continue to work in a Diagnostic Imaging Facility, with the following recommendations:				
7.12.1.	Pregnant healthcare professionals should not remain in examination rooms during scanning;				
7.12.2.	Pregnant healthcare professionals should opt out of all scan room work during the first trimester.				
7.13.	The following non-radiologists can report radiology exams:				
7.13.1.	Licensed Consultant/Specialist physicians can perform ultrasound limited to their specialty scope only if they				

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	hold specialized certificate/training course in ultrasound. For example, cardiologist can provide Echocardiography services if he or she completed a successful program or dedicated training courses in Echocardiography. The following criteria shall be met:				
a.	Consultant/Specialist physicians cannot provide radiology report independently. Only DHA licensed radiologist is authorized to issue written radiology reports.				
b.	If the ultrasound diagnosis performed by Consultant/Specialist physicians carries the chance of intervention or surgery, the ultrasound report should be countersigned by licensed Consultant/Specialist Radiologist.				
7.13.2.	Licensed radiographers can perform ultrasound procedures independently; however, they cannot report or interpret ultrasound images.				
7.13.3.	Professionals authorize to interpret plain X-ray images shall meet the following criteria:				
a.	Consultant/Specialist physicians can interpret plain X-ray images limited to their specialty scope only.				
b.	General Practitioners can interpret chest and extremities plain X-ray images only, they are not permitted to interpret and report other diagnostic images.				
c.	DHA licensed Osteopath and Chiropractor practitioners can interpret plain X-ray images for osteopathy or chiropractic purposes.				
8	STANDARD FOUR: DIAGNOSTIC IMAGE QUALITY				
8.3.	The examination report should mention the amount of radiation exposure.				
8.5.	The demographic information about the patient should be clearly seen on the images including the following:				
8.5.1.	Patient full name				

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8.5.2.	Date of birth				
8.5.3.	Age				
8.5.4.	Patient identification number				
8.5.5.	Exam date, time, and location				
8.6.	The following details should be included depending on type of scan:				
8.6.1.	The number of sequence and image				
8.6.2.	If contrast has been used				
8.6.3.	Field of view				
8.6.4.	Slice thickness				
8.6.5.	Slice level				
8.6.6.	Image should state projection (oblique, lateral, etc.) and side (right/left)				
8.6.7.	Acquisition matrix				
8.6.8.	Type of phase (arterial, venous, etc.)				
8.7.	The following additional details should be included in CT scans:				
8.7.1.	Amount of voltage in Kilovolts (kV), and				
8.7.2.	The amount of electricity current that has been used in Amperes (A).				
8.8.	The following additional detail should be included in MRI scans:				
8.8.1.	The value of TE and TR in the image.				
8.12.	The diagnostic imaging health facility should undergo routine auditing of the images to ensure quality.				
9	STANDARD FIVE: DENTAL RADIOGRAPHY				
9.2.	Healthcare professionals operating dental X-ray modalities shall receive appropriate training on machine operation and dental radiation safety principles.				
9.4.	Dental hygienists and dental assistants can perform Intra-oral radiography' periapical, bitewing and occlusal views.				

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9.6.	Radiography of the mandible, including temporomandibular joints, must be conducted only on general purpose medical X-ray equipment or on special purpose equipment designed for such examinations.				
10	STANDARD SIX: TELERADIOLOGY				
10.3.	The use of teleradiology shall not compensate radiologist shortage or absence from the diagnostic imaging facility.				
10.4.	Teleradiology transmitting site should comprise of at least one full time radiologist, one radiographer and a system manager with informatics certification.				
10.5.2.	Patient demographics, site information, labels and measurement data should all be transmitted without errors.				
10.7.1.	Direct image acquisition:				
a.	All the data set including the image matrix and pixel byte depth that is obtained by a digital modality should be transferred to the teleradiology system.				
10.9.	The type and specifications of the transmission devices used will be dictated by the environment of the studies to be transmitted.				
10.9.1.	In all cases, for official interpretation, the digital data received at the receiving end of any transmission must have no loss of clinically significant information.				
10.9.2.	The transmission system shall have adequate error-checking capability.				
10.10.	Teleradiology receiving site shall employ radiologist licensed in the country the service is provided.				
10.10.1.	Such radiologists should be certified in teleradiology.				
10.12.	Centres providing teleradiology shall have information technologists and technicians who will be responsible for the computer systems and infrastructure.				

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10.13.	The quantifications of the personnel in the receiving site should be identical to those of the transmitting site.				
10.13.1.	All the quantifications should be documented.				
10.14.	Use of Artificial Intelligence (AI) in Radiology:				
10.14.1.	Use of AI in radiology practice shall always be under the responsibility and supervision of a radiologist.				
10.14.2.	The supervising radiologist shall ensure the quality of the reports and safety of the environment are adhered as per the standard.				
10.14.3.	All health facilities providing teleradiology services with the use of AI should sign an agreement with the provider built upon the ethical practice of AI, and ethical codes should develop accordingly. These codes should emphasize on:				
a.	Transparency.				
b.	Protection of patients and their rights.				
c.	Safe control of data and the algorithm.				
11	STANDARD SEVEN: EQUIPMENT MANAGEMENT				
11.1.	All equipment used to conduct diagnostic imaging services shall be regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.				
11.2.1.	All equipment shall be installed and operated in accordance with manufacturer specifications.				
11.3.	Health Facilities providing radiology and diagnostic imaging services must maintain a current equipment inventory.				
11.3.1.	A current equipment inventory should include information relating to name of item, manufacturer, and serial number.				
11.4.	The diagnostic imaging facility shall maintain effective Preventive Maintenance (PM) as per the manufacturer recommendations using FANR registered or licensed				

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	service provider as appropriate; the PM shall include both preventive and corrective aspects.				
11.14.	Each licensed Diagnostic Imaging Facility shall maintain a documented quality assurance program that includes quality control protocols for the equipment as follows:				
11.14.4.	Daily/ Weekly quality control testing shall be conducted and reviewed on a quarterly or annual basis, as directed, by a Medical Physicist.				
12	STANDARD EIGHT: PATIENT SAFETY AND MANAGEMENT				
12.1.	The diagnostic imaging facility must ensure that all patients provided with safe care and services by focusing efforts on reducing harm to patients and staff; including but not limited to:				
12.1.1.	Patient identification (minimum two identifiers)				
12.1.2.	Performance of correct procedure at correct body site				
12.1.4.	Communication during patient hand-over				
12.1.5.	Single use of injection devices				
12.4.	The written or electronic request for diagnostic imaging services should provide sufficient information to demonstrate the medical necessity of the examination and allow for its proper performance and interpretation.				
12.5.	A sample of requests or records documenting the clinical need for the diagnostic imaging procedures shall be maintained at the health facility.				
12.6.	Prior to a diagnostic imaging procedure being rendered, except in cases of emergency, the diagnostic imaging practice must ensure that:				
12.6.3.	Patient's health status and relevant information about individual patient risk factors are obtained; this includes but limited to:				
a.	Asthma,				
b.	Previous exposure to intravenous contrast,				
c.	Allergies,				

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d.	Medical conditions such as diabetes, kidney disease or heart disease,				
e.	Thyroid disease,				
f.	Multiple myeloma-hypercoagulable state,				
g.	Bleeding tendency,				
h.	Pregnancy status,				
i.	Breastfeeding,				
j.	Medications such as metformin hydrochloride,				
k.	Medical devices and implanted devices such as intra-cranial aneurysm clips, cardiac pacemaker, coronary stents, intra ocular foreign bodies and cochlear implants.				
12.7.	Prior to MRI scanning, all patients shall be screened for possible contraindications which include, but are not limited to:				
12.7.1.	The presence of cardiac pacemakers, ferromagnetic intracranial aneurysm clips, certain neurostimulators, certain cochlear implants, and certain other ferromagnetic foreign bodies or electronic devices.				
12.12.	Requirements for proper hand hygiene shall include but not limited to:				
12.12.2.	Wall mounted non-refilling liquid soap dispenser next to each hand wash basin.				
12.12.3.	Wall mounted paper towel in use.				
12.12.4.	Staff education on hand washing technique.				
12.16.	The health facility shall maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English) as per the DHA Policy for Patient Rights and Responsibilities.				

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