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DATE

ADDRESS

SAMPLE

Attention:

INSPECTION OF X-RAY REGISTRATION, NUMBER

Dear Dr. :

On ______, this office conducted an inspection of your X-ray facilities as they relate to radiation safety, compliance with the Health and Safety Code, and the California Code of regulations, title 17. All items were in compliance.

Thank you for your cooperation. If you have any questions regarding the inspection, or this report, you may call this office at (213) 351-7379.

Very truly yours,

Senior Radiation Protection Specialist

Approved:

Principal Radiation Protection Specialist

Help us serve you better by completing a short survey. Visit our website at www.publichealth.lacounty.gov/eh