



MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard · Baltimore Maryland 21230

(410) 537-3193 · 1-800-633-6101 · Fax (410) 537-3198 · mdexray.submission@maryland.gov

DIAGNOSTIC MEDICAL EVENT OCCURRENCE LOG

Facility Registration Number: _____ ID # _____ *

*We ask that the following naming system be used when submitting your log.

1. Registration Number
2. Dash (-)
3. Month of Event
4. Dash (-)
5. Year of Event
6. Dash (-)
7. Event Occurrence Number

ID Number (#): (An example would look like: [23-4568-4-2016-001](#))

Facility Name: _____	
Address: _____	
Prescribing Physician: _____	
Reported By: _____	Title: _____
Email: _____	Phone Number: _____

Event discovered by:

- Prescribing Physician
- Radiologist
- Medical Physicist
- Radiologic Technologist
- Nurse, Nurse Practitioner or Physicians Assistant
- Patient
- Other _____

Date of Occurrence: _____ Date of Discovery: _____ Date Reported: _____

Event reported within 24 hour period (next working business day):

- Yes
- No

Time of Occurrence:

_____ A.M. _____ P.M.



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Years of Involved Staff:

< 5 years 5-10 years > 10 years

Facility Type: Dental Hospital Veterinarian Medical (Urgent Care, Podiatrist, Chiropractic, etc.)

Department (If applicable):

- Emergency Room
- Imaging
- Emergency (Shock Trauma)
- Outpatient

Modality Used: General X-ray CT Fluoroscopy Other _____

Modality Intended: General X-ray CT Fluoroscopy Other _____

Machine Model/Manufacturer/MDE Machine Number: _____

Type of Medical Event: Wrong patient Wrong site Wrong modality

Intended Exam/Site: _____

Actual X-ray Exam Site: _____

More than One Patient Incorrectly X-rayed: Yes No If Yes, how many: _____

Patient Notified (24 hours): Yes No Reason _____

Referring Physician Notified (24 hours): Yes No (Reason): _____

Number of Views or Fluoroscopic Time: _____

Total Effective Dose: _____ mSv/mGy **Dose Report Completed by:** _____

Adverse Effect(s) on Patient(s): No Yes (Describe): _____

Brief Description:



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Check All that Apply:

Contributing Factor(s):

- Failure to properly identify patient
- Failure to verify requisition
- Distraction
- Change of routine
- Patient incoherent or unconscious
- Other (Explain): _____

- Understaffed
- Lack of training
- New employee
- New equipment
- Heavy workload

Determined Root Cause(s):

- Failure to follow procedures
- Human error
- Other (Explain): _____

- Equipment/Electrical Malfunction
- Gross negligence

Total Diagnostic Procedures Per Year:

Annual Procedures for Modality Involved:

Continue on following page.



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Corrective Actions:

- Policy changes
Effective date of change: _____
Description: _____

- Procedural changes
Effective date of change: _____
Description: _____

- Equipment changes/upgrade
Effective date of change: _____
Description: _____

- Software changes/upgrade
Effective date of change: _____
Description: _____

- Other (Explain): _____

Facility Representative Signature: _____ Date: _____

IMPORTANT: Retain this record for 3 years from the report date.