

Inspection Date

INSPECTION REPORT

(Use this form for inspections only)

Compliance No. =>

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Name and Address of Licensee/Registrant	Lic/Reg No.: Site No.: Expiration Date: Inspection Region: Category Code: Use Code: Type of Use:
Address of Inspection	Type of Inspection <input type="checkbox"/> Announced <input type="checkbox"/> Field <input type="checkbox"/> Unannounced
Inspection Notice to (Name, Title, Address)	Radiation Safety Officer RSO Phone No.
Copy of Inspection Notice to (Name, Title, Address)	"Inspection Findings" were discussed with:
Telephone No.	Accompanying Inspector(s)
Inspector: Kitty Knebel	Reviewed by:
Report Date:	Date Reviewed:

Inspection Findings: **Items of Noncompliance**

IR-1
(02/28/98)

Texas Department of Health
Bureau of Radiation Control
Radiographic Field Site Inspection Form

Lic./Reg. Name: _____	Inspection Date: _____
Mailing Address: _____	License No.: _____
	Registration No.: _____
	Issuing Agency: _____
	Reciprocity? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
RSO: <u>Error! Reference source not found.</u>	Telephone: _____
Inspection Location: _____	Overnight storage at this site? Yes <input type="checkbox"/> No <input type="checkbox"/>
Customer: _____	Workload: days/mo. at this site in last 6 months

Personnel:

<u>Full</u> Names of Crew Members	Date of Birth	Status*	FB/TLD	P.D.	Reading (mR)	Alarm R.M.	I.D. No.	Exp.Date

* Status Abbreviations: Trainee - **E**, Radiographer - **R**, Trainer - **T**

Note: Must have two radiographers or a trainer and trainee per device at field site. For Reciprocity: 2 Radiographers Only!

Do all film badges and/or TLDs being used bear the current wear period? Yes No

Records (Required):

	Yes	No	N/A		Yes	No	N/A		Yes	No	N/A
• Copy of License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Shipping Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Meter Calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Decay Curve/L.T.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Boundary Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Dosimeter Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Lockout Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of TRCR Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Dosimeter read and recorded at start of shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Vehicle Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exposure Device & Source Info:

Device Manufacturer & Model	Device S/N	Isotope	Current Activity	Source Model	Source S/N	Required Labels {Legible?}
		Ir-192 <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
		Co-60 <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
		Ir-192 <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
		Co-60 <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>

** "CAUTION/DANGER...NOTIFY", Sealed Source Information Tag, and Company Information Tag on every exposure device
"X-RAYS PRODUCED..." label on each x-ray control panel

Survey Instrumentation:

Manufacturer & Model	Serial Number	Range (2 to ? mR/hr)	Calibration Date	Batteries Good?	Responds Correctly?

IR-2
(02/28/98)

Lic./Reg. Name:

Inspection Date:

Operations:

- Area Control (Describe Barrier/Rope Set-up):

	Available?	Properly Used?		Available?	Properly Used?
• Area Warning Signs	“CRA” Yes <input type="checkbox"/> No <input type="checkbox"/> “CHRA” Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	• Collimator(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			• Shields	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Does only a radiographer (or a trainee under direct supervision) manipulate the “crank-out” mechanism?					Yes <input type="checkbox"/> No <input type="checkbox"/>
• Does the radiographer exercise sufficient control of the restricted area to prevent unauthorized entry?					Yes <input type="checkbox"/> No <input type="checkbox"/>
• Does the radiographer lock the exposure device and perform an “all-around survey” after each crank-out?					Yes <input type="checkbox"/> No <input type="checkbox"/>

Security:

- Is exposure device or x-ray locked, and is key removed when not in use? Yes No
- Are all devices under direct visual surveillance when not in use or in storage? Yes No

Transportation:

- “RADIOACTIVE” placards required? Yes No
- Displayed on all 4 sides of vehicle? Yes No N/A
- Blocking/bracing of RAM package ok? Yes No
- Durable, legible, clearly-visible “CAUTION/DANGER...NOTIFY” label on “Type B” overpack? Yes No
- Licensee/Registrant name and home city is prominently displayed on both sides of the transport vehicle? Yes No
- “Type B” Overpack Designation:
- RAM shipped in “Type B” Yes No
- Lock Ring/Insulation ok? Yes No
- DOT Markings/Labels ok? Yes No

Inspector’s Surveys and Calculation:

- Condition of crankouts, connectors, and guidetubes: _____
- Guidetube Contamination Check Pos. Neg.
- Max. radiation level at surface of “Type B” _____ mR/hr
- Source Leak Test Check Pos. Neg.
- Max. radiation level at _____ in. from device _____ mR/hr
- Calculation (_____ mR/hr at barrier x _____ seconds exposed in hour) ÷ 3600 sec/hr = _____ total mR in hour
- Survey Instrument Used: Ludlum 14 C Other _____ TDH Tag No.

References:

RSO	31.23(a)	Crew Requirements	31.54(b)	Post-Exposure Survey	31.55(b)
Personnel Monitoring	31.30 (b)()	Training Records	31.35(b)[I.D.]	Who Can Crank Source	31.43(b) & 31.54(d)
	31.35(a)(2-4)		31.35(c)[Card]	Equipment Standards	31.50 & 31.53(a/b)
Reciprocity	31.11 & 41.90	Meter Cal. Record	31.34(f)	Camera Labeling	31.53(c)(4)(iii-vi)
P.D. Recharge	31.30(b)(4)	Survey Records	31.34(d)	Survey Meter Type	31.35(a)(1/3) & 31.55(a)
P.D. Records	31.34(e)	Boundary Survey	31.55(c)	Barriers/Ropes	31.32(c/d) & 31.35(a)(5)
Documents	31.34(a-c)	“Lockout” Survey	31.55(d)	Access Control	31.31(a)
USDOT Regs.	41.100(a)	Vehicle Survey	31.55(e)	Source Security	31.31(b) & 31.51
Collimators	31.54(c)	Vehicle Signs	31.53(d)	Area Posting	31.32 & 31.55(c)(1)

Inspector Comments and Details of Violations: